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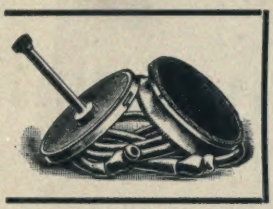

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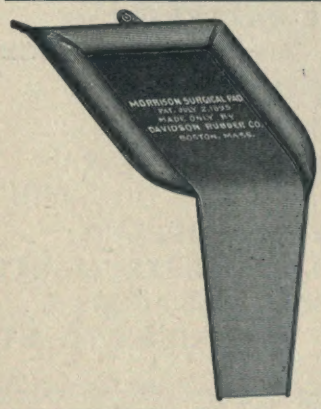

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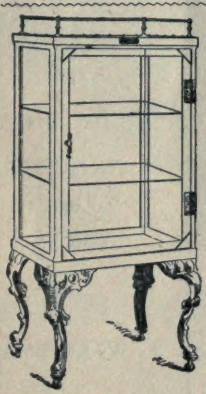

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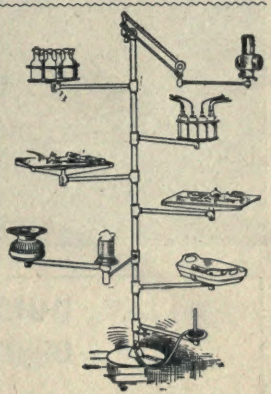

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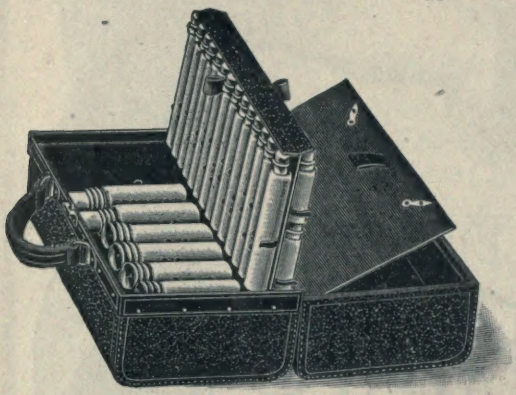

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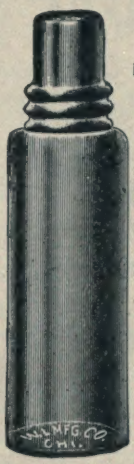

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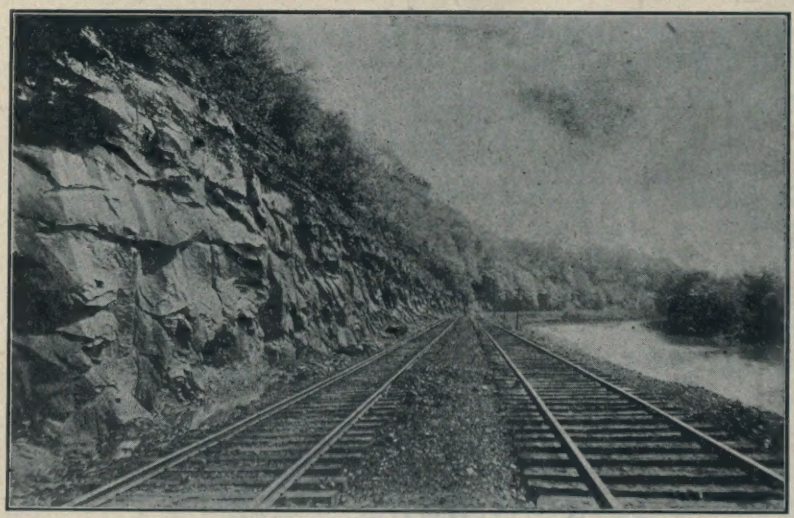

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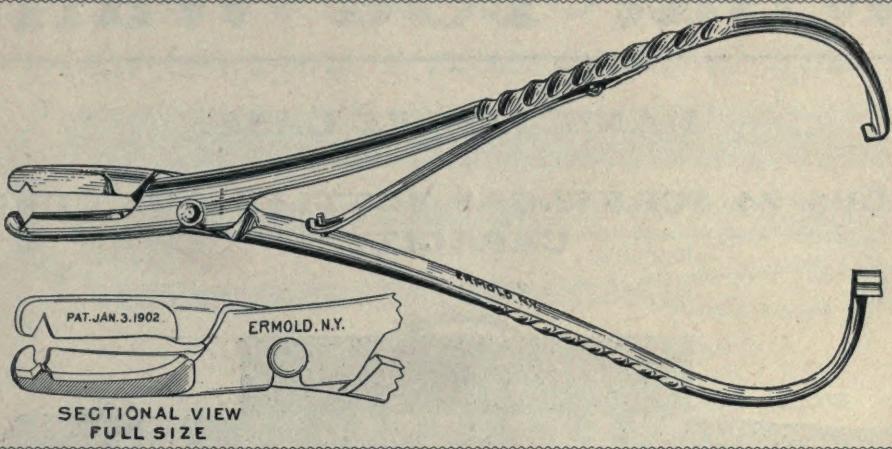

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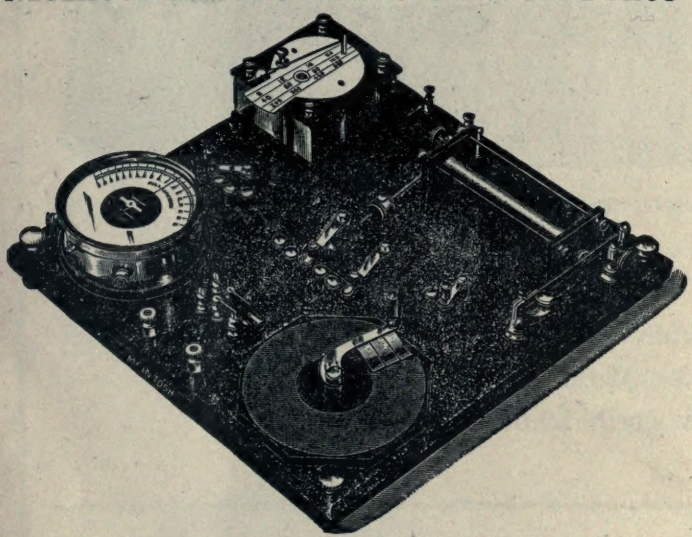

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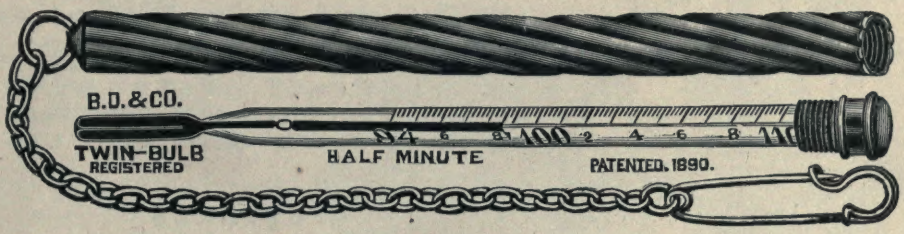

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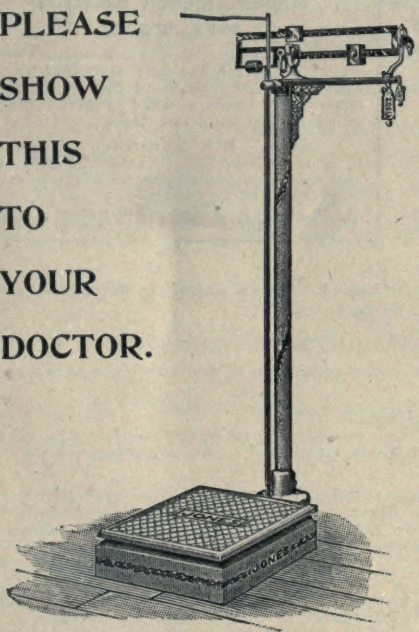

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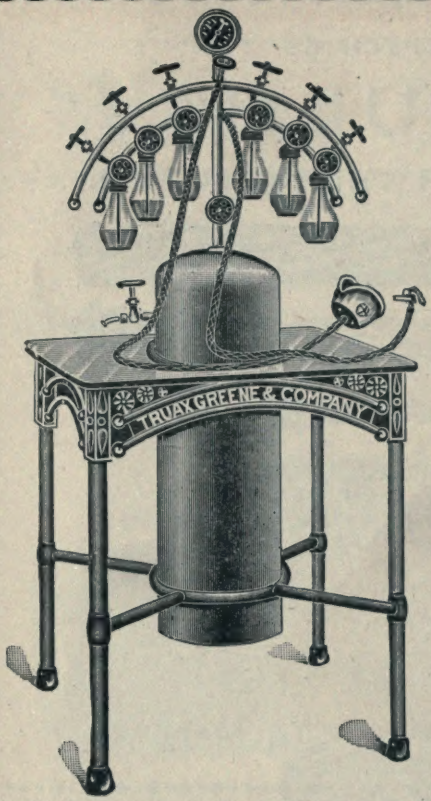

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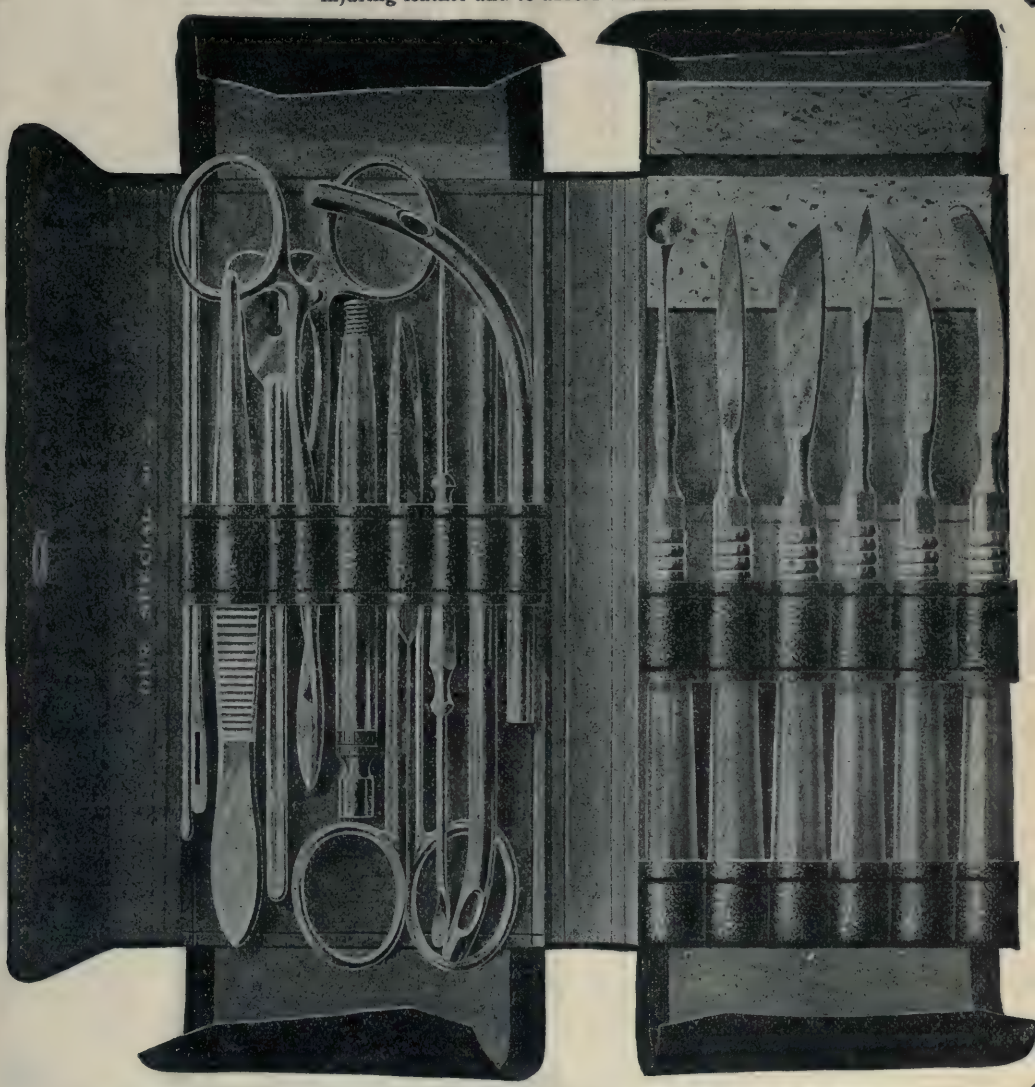

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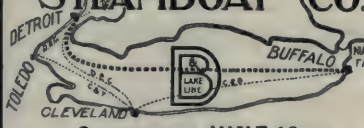

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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

VENTRO-SUSPENSION.*

By New Method.

With the Maguire Ventro-Suspension Forceps.

BY F. J. W. MAGUIRE, B. S., M. D.

It seems, at this late date, that the pelvis has been so thoroughly ransacked by gynaecologists who have made themselves renowned by their skillful researches, that there is very little left for their successors to do. Consequently when one sees the slightest chance for mere suggestion, it may seem a mountain to his eyes whereas it is only a mole-hill to his older professional brethren.

The use of the writer's ventro-suspension forceps was first suggested to him after making several attempts to pick up a very stubbornly retroflected uterus. This difficulty has been avoided since using this instrument.

These ventro-suspension forceps which I wish to introduce to the profession are original with me, so far as I know, and I hope they will be used by the gynaecologists with the same happy results as by the writer. The forceps have proved themselves very valuable to me, especially in cases in which the uterus is completely retroflected and curled up in the posterior cul-de-sac, which condition would necessitate a great deal of manipulation in the abdominal cavity, which circumstance is the most difficult portion of the technique of the operation.

The chief objects of this instrument are: it shortens the time of the operation; it facilitates fishing out the fundus uteri; it lessens the danger of sepsis and of lacerating the approximate organs. When the forceps are introduced into the uterus and locked, and the uterus is free from adhesions, the instrument will have complete control over the position of the uterus. The weight of the handles, when released by the operator's hand, will almost throw the uterus into its proper contour, the fundus can be felt a few inches above the pubis, thereby making a landmark on the abdomen, showing the exact spot for the incision.

*Read before the Michigan Medical Society, Port Huron, Mich., June 27, 1902.

Suspension should always be done when women suffer with decided symptoms of a retro-flection of the uterus, and when the history shows that they have taken local treatment from Doctors Brown and Jones, and are now going to place their case in your hands. These unfortunate patients will always give the history that they have felt better while under treatment by the tampon method of support, and are known as the patients who are tied to the physician's office.

No young woman who is married and bearing children should have the uterus suspended, no matter how persistent her symptoms. The writer has avoided operating on this class of patients.

Cases of retro-flection should not be operated upon where the uterus or appendages have been infected with gonorrhœa or otherwise, as you are adding more fuel to the fire by anchoring up an inflamed uterus which will make the patient worse.

Again, patients should not be operated upon without long continued treatment by rest, tampon or pessary which have been well tested to the satisfaction and circumstances of the patient.

Where the surgeon is in doubt as to the probable effect of an operation for retro-flection, he may lift the uterus and support it on a tampon. If this affords relief the discomfort may be considered due to the retro-flection.

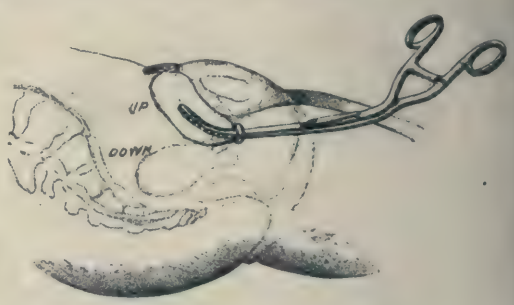
It is not the use of this operation but the abuse that should receive condemnation, for, where properly diagnosed cases are selected there is no reason why these patients should not make a rapid recovery.

The physicians who allow a woman to suffer with these displacements when this simple operation will relieve, and in the majority of cases permanently cure, are behind the times.

"No chain is stronger than its weakest link," no ligament is stronger than its weakest fibre, therefore let us consider giving these weak ligaments a rest by making a new ligament, which is the object of the ventro-suspension operation.

Mode of Operation:

The patient is placed on the operating table in the usual way for an ordinary curretage; the usual antiseptic precautions having been taken, the patient being thoroughly under an anaesthetic, the uterus is dilated and curreted, then the ventro-suspension forceps are introduced and locked. The patient is then placed in the Trendelenburg or ordinary laparotomy position. The field of the operation should be antiseptically prepared by the assistant while the operator removes his



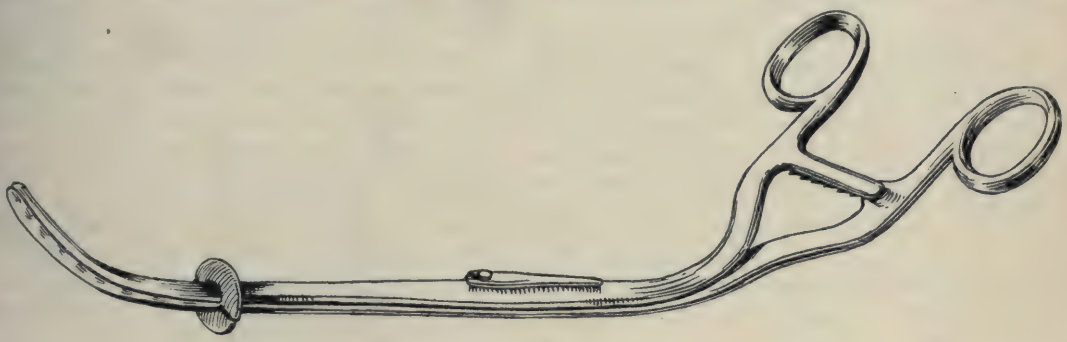
rubber gloves which it is advisable to wear while doing the vaginal portion of the operation, or while performing the laparotomy, to insure thorough asepsis.

An incision one and a half inches in length is made in the median line of the anterior abdominal wall above the pubis at the landmark made by the contact of the elevated uterus against the abdominal wall; the peritoneum once opened, the index finger is introduced to explore the field of operation for adhesions, prolapsed ovaries, or tumors; and also, to confirm the diagnosis. The assistant then bears down on the handles of the ventro-suspension forceps which throws the uterus into view in the incision.

A tenaculum forceps is introduced into the abdominal cavity, the uterus is

grasped by the posterior wall of the fundus about at the center. A curved needle, with suture of kangaroo tendon, medium size, is passed through the peritoneum on the inner surface, then into the posterior wall of the fundus uteri, taking up a portion of the uterine tissue a quarter of an inch in breadth and an eight of an inch in depth. The needle is then carried through the peritoneal tissue on the opposite side of the incision at a point corresponding to the first side, then a suture parallel to this is passed in the same way about a quarter of an inch from it; at the point where I wish the adhesion to take place, I make an abrasion on the mucous membrane by a few slight scratches. Then I pass a silkworm suture through the skin, muscle, peritoneum and the uterus, midway between the other two kangaroo sutures, which I call the keeper suture; this is taken a little deeper in the uterine tissue to prevent its cutting through when under strain. The other necessary silkworm sutures for closing the incision are passed through the skin, muscle and peritoneum, then the kangaroo tendons are drawn together and pulled tight and the three points transfixed by this,—that is, the uterus and the peritoneum on both sides are brought snugly together; a finger is introduced before tying the sutures and a careful examination is made to make sure that no loop of intestines or omentum has been caught between the uterus and abdominal wall. The suspensory sutures are now tied and the ends cut off close to the knot; then the two other silkworm sutures which are used to close the incision are drawn together and tied; lastly the keeper suture is drawn together and a piece of iodoform gauze is placed under the suture to prevent its cutting through the skin as the weight and strain of the uterus comes on this suture which is now drawn tightly together on the iodoform gauze pad and firmly tied.

The ventro-suspension forceps are now removed, and the vagina packed with iodiform gauze to support the uterus. The abdominal wound is protected by moist, then dry layers of bi-chloride gauze, the bandage very tightly pinned. Thus the operation is finished.



Statistics:

The writer has operated upon over 150 cases in the past seven years, all of which recovered from the operation; the majority of them from whom I have heard were much relieved, if not entirely cured. They ranged in age from 19 to 65 years. Ten were married at periods ranging from two to five years after operation; seven became pregnant, one miscarried at three months, two felt very miserable during pregnancy. The one had very hard labor but had no bad after effects; the other continues to feel miserable though she had normal labor. In one case, the uterus broke loose seven months after the operation; two had no bad effects.

In one case, Miss F., trained nurse, the uterus broke loose from the straining of nausea and vomiting. On the eighth day after the operation I re-opened the incision and found the uterus had broken loose and that an adhesion had formed between the abrasion of the uterus and the intestine which was such that I thought it advisable to leave it alone and suspend the uterus from its anterior surface. The patient made a speedy recovery and has had no trouble since; she was relieved of a backache she had had for fifteen years.

780 Jefferson Ave.

Doctors, Beware of Gifts.—A case of great importance to the medical profession has been recently decided in the law courts. The action was brought by the executors of an old lady of eighty to recover from a medical practitioner at Bromley £800. It appears that the money was given to him in four several sums, one of £500, and three of £100 each. The first gift was made in September, 1899, and the last a few days before her death, which took place on March 23rd, 1900. The executors brought no charge against the defendant of fraud or misrepresentation, or any direct or indirect misconduct in obtaining the money, but simply that, having regard to his position as medical attendant upon the deceased, he was incapacitated from receiving or retaining gifts when the donor had no independent advice. Neither was it alleged that the deceased was not in a perfectly competent mental condition. The case was heard last week by Mr. Justice Swinford Eady in the Chancery Division. The Judge ruled in favor of the plaintiff, and said on the admitted facts the defendant must repay the whole of the money with interest. It seemed to his Lordship that it was of the greatest importance to give full force to the rule that forbade gifts from patients to medical attendants unless the donors had independent advice. A stay of execution was granted to allow an opportunity of appealing against this jurgment. The application of a similar principle would render nugatory a great many gifts to churches, to charitable institutions, and to private individuals. Meanwhile, any medical men who are fortunate enough to meet with patients who are grateful as well as wealthy will do well to bear the above case in mind.—(*Medical Press and Circular.*)

Teachers Must be Developed.—The *Boston Medical and Surgical Journal* suggests that more careful development on the part of medical teachers is a desideratum. It says editorially: "The development of teachers has never been assiduously prosecuted in medical education. The best investigators are often indifferent teachers; this is proverbial. It has long stood in the way of effective instruction whenever universities exist, and will no doubt continue to do so, to a greater or less extent. Nevertheless, we look forward to the time when men will be selected to teach because they have capacity in that direction, and not because they have attained distinction in some quite alien field. Teachers should be cultivated, just as we attempt to develop investigators; men who show aptitude should be given opportunities and not be suppressed. Medical education would certainly thereby be a gainer, and we should hear fewer complaints from the intelligent student body."

Locality Diseases.—Lombardy is the one place where pellagra is always prevalent—that mysterious modern ailment, due to eating damaged maize, which since 1833, when it was first noticed, is computed to have been responsible for the death of more than 500,000 peasants. Mandalay ring-worm, again, is known and dreaded throughout Burmah; but even the most ignorant Burmese is aware that it cannot be contracted outside the ancient capital. Similarly, "Rock" fever is confined to Gibraltar; although it is probable that the ailment known as Maltese fever, which can be contracted only in Malta, and there only in the spring and autumn, is closely allied to it. Aleppo evil, too, is unknown in any of the other cities of Asia Minor; just as the Delhi boil, so dreaded of our soldiery, is confined to Delhi.—(*Chambers' Journal.*)

SOME CONSIDERATIONS OF GONORRHŒA.*

BY
WILLIAM A. SPITZLEY, B. A., M. D.

During my service at the University of Michigan, it fell to my lot to have a rather varied and somewhat extensive experience with this disease, Gonorrhœa or Urethral Blenorrhœa, as it was called in the old days; and I am minded to say a few things about it, not alone because of the wide-spread disaster it occasions in its acute, nor because of the continued and recurrent troubles it induces in its chronic form, but also because I fear it is one of the unpleasantnesses which the medical world at large is inclined to pass lightly by, or even to cast aside. And yet its baneful possibilities are tremendous; it is said by Neisser to be second in its prevalance only to measles: and the complications and sequelae to which it may justly lay claim are legion. The vicious little organism, made known to us by Neisser in 1879 is now known not to limit its attacks to mucous membranes alone but, at times, to invade the entire organism and even to destroy life itself. No part of the body is exempt from its onslaughts —the eyes, joints, muscles, spinal cord and even the heart are vulnerable: and recently Klemperer and others have recovered it from the blood.

It is not the inconvenience nor even the discomfort of painful micturition and of urethral discharge endured by the individual afflicted with acute gonorrhœal urethritis, that makes the disease worthy of serious consideration, any more than it is the physical presence of a splinter of wood in a man's finger that makes us remove the offending body and care properly for the wound it has caused. It is the possibility, even probability, of the involvement of other parts of the same organism, of the spreading of the disease to another organism and in that organism producing similar morbid changes that makes it one's duty to give careful attention to this infectious process, bearing in mind not only the present health of the afflicted individual but his future health and welfare as well; further still, the health and welfare of those with whom he may later come into close family relationship. The disease does not end with the subsidence of the urethral discharge nor even with the healing of the ulcers; it may remain latent in the form of gonococci encysted in the submucosa, packed at the bottom of a follicle, lying in the prostate or elsewhere for months or years; and it may upon proper provocation break out anew and attack the individual with all its primary energy: more than that, if the afflicted one be a man, it may make itself known by an infection quite up to the standard of its original severity in his wife. Then may follow a train of troubles about which gynæcologists may tell you without end —vaginitis, endometritis, pelvic abscess, often death—all from a despicable little infection in the urethral canal, which has been carelessly or ignorantly attended to. Or—and it is unfortunate that this must in all truth be said—which has been carefully and intelligently treated and which, in spite of that care, has such dire consequences.

Considerations of the etiology of acute gonorrhœa need take up but little of our time; given suitable soil and an opportunity for implantation, the specific diplococcus soon establishes itself. True, the question of concomitant or secondary infection with other pus-producing organisms, in its bearing on the cause, severity and extent of the lesions, is of importance, but the gonococcus in the leader, the general of the invaders.

Nor need we puzzle long over the diag-

*Read before the Detroit Medical Society, May 7, 1902.

nosis: the history of exposure to possible infection—nearly all cases of so-called innocent acquisitions of urethral gonorrhœa are kindly perversions of the truth—gives us the lead. As Valentine aptly quotes Taylor: "Such acquisition from a foul privy or urinal may be looked upon as a euphemism to be used in the case of some clerical, venerable or married transgressor." The history, then the itching or burning of the urethral canal, the swelling of the lips of the meatus, followed in a day, or week, or even two weeks, by the mucoid, muco-purulent and ultimately purulent discharge, presents to the observer a picture to which the evidence of the microscope need scarcely be added for corroboration. The microscope should nevertheless always be used to decide the specific nature of the condition, since not infrequently one sees urethral discharges which come as the result of contact with vaginae containing foul and filthy secretions, free from the gonococcus; and other discharges, which come from the hyperenthusiasm of the transgressor in his efforts to rid himself of the possibility of infection by the use of somewhat powerful injections.

It is unfortunate that the gonorrhœal patient usually waits to seek advice not only until the discharge appears at the meatus but usually until it has appeared several days successively, when, as he says, he is sure that it is really there. The course of many cases could unquestionably be materially shortened, were it possible to institute measures of treatment soon after exposure. The old-time idea that it was in some way harmful to start local treatment before the acute stage had passed by, is a mistaken one. One does not allow every case of simple tonsillitis to go unattended until the deeper tissues become affected and a tonsillar or peritonsillar abscess is formed; nor does one allow a simple cellulitis to go unrestricted until it is certain that suppuration is present. No more should superficial urethral infection be neglected, since in protracted cases, practically every focus becomes a small abscess, the cavity of which lies in the submucosa, discharging its contents through a large or a small fistula into the urethra. The organisms do not immediately dig down into the tissues and plant themselves therein; they must necessarily at first be upon the surface, gradually encroaching upon the tissues, until finally they become deep-seated. If early treatment will remove or destroy only a few of these organisms, while they are still at or near the surface of the mucosa, striving for entrance to the deeper layers, then so much at least will have been gained. On that principle it has been and is my custom invariably to institute local treatment as soon as a suspicious case comes under my care, even before absolute proof of specific infection is obtained; and the conclusion has been forced upon me from observation of several hundreds of cases that those which were placed under local treatment early, even before the appearance of any discharge whatsoever, invariably were less severe and less protracted. There is no doubt that some patients were irrigated—for irrigation has without exception been my way of handling these cases—who had no infection of any kind and some who had mild, non-specific infections, but since the greatest possible attention was always paid to cleanliness, no harm was done. Also, it must be borne in mind that some of these cases might have been very light ones, even if treatment had not been started until long after the discharge was well established. Still, the favorable course which all early treatment cases did, in my experience, follow, makes it reasonable to suppose that the time factor had much to do with them. Many men have contended that

early local interference was apt to induce certain complications, notably epididymitis and orchitis; my observation has gone to show quite the reverse, those cases presenting as a rule less tendency to complications than the others.

Consideration of the treatment of acute gonorrhœa in the male may be made almost endless: the methods are many, the drugs and nostrums offered numberless; but one has only to note this fact in order to know that there is no ideal method and no successful specific medicament. The certainty of cure of any morbid condition usually varies in inverse proportion to the number of sure cures and infallible methods of cure that one finds claimed for it. This is especially true of gonorrhœa.

It would scarcely be profitable to take up the different chemicals and combinations of chemicals offered to us and discuss their usefulness. It is my purpose rather to present the plan of treatment which it has been my custom to employ and in the employment of which I have found considerable satisfaction. It is understood of course that the author has in mind only acute gonorrhœa, considered under the two heads of acute anterior and acute posterior urethritis.

When a patient consults me, after obtaining a history of the case, I try to determine, if possible, the location of the lesion or lesions; to determine, in other words, whether the infection is in the anterior or the posterior urethra or in both portions of the canal.

The clinical signs and symptoms are of importance: frequency of micturition simply tells us that there is an intra-urethral irritation, the reflex effect of which is to stimulate the patient's desire to urinate. The appearance of a gonorrhœal discharge very soon after exposure usually means that implantation has taken place early and in the anterior end of the canal. This is of course by no means without exception. Pain is of diagnostic value; if it is present only during the act of micturition and is located absolutely in the anterior urethra, the area of infection is probably anterior: if more or less constant and deep in the perineum or rectum, the infection is apt to be found in the posterior urethra. Vesical spasm, tenesmus, blood—especially when appearing at the end of the act of micturition—are usually associated with involvement of the deep urethra and the vesical neck. The two or three glass urine test, familiar to all acquainted with genito-urinary work, helps us in locating the seat of chief infection. The test absolute is the urethroscope; and whenever it is possible, it should be used. Sometimes on account of swelling or pain, a patient will not endure it. However, in many cases it becomes possible to employ the urethroscope after a copious warm urethral irrigation, when without the irrigation it could not have been used without great distress to the patient.

Before handling a case of gonorrhœa at all, whether it be for instrumentation, urethroscopy or what not, the author irrigates it, being careful before introducing the stream into the canal, to wash the meatal orifice, the glans penis, the prepuce, the preputial folds and the coronal sulcus, thereby mechanically diminishing the probability of contaminating the patient or himself.

After determining that specific gonorrhœal urethritis exists, one should preferably irrigate also the anterior urethra, though it is a question whether or not the infection is ever carried backward in a properly conducted irrigation, even if in every instance the irrigating fluid is forced into the bladder and voluntarily passed by the patient. The apparatus for irrigation consists of a receiver containing the fluid, elevated enough to in-

sure sufficient strength of stream for washing, a tube connecting this with a suitable conical urethral tip, made preferably of glass, so that it can be sterilized by boiling, each time after it is used; and a stop-cock so arranged that it can be adjusted by the same hand which handles the tip while applying it to the meatus. The so-called Valentine irrigator has come into popular use because it combines these requisites in convenient form. The technique of urethral irrigation is comparatively simple; the patient sits upon a chair, well toward the front edge, holding a vessel between his well-spread thighs to receive the fluid on its return from the canal: the operator sits or stands slightly to the right and in front of the patient. The irrigating tip is manipulated by the operator's right hand, the left hand with palm down and ulnar side toward patient's belly grasping the penis. The manner of holding the penis is of importance, because by making proper compression of the urethra between the thumb and any of the fingers the operator can regulate the exact point to which the irrigating fluid shall enter; in other words, it is by just such compression that irrigation can be restricted to the anterior urethra when it is desired that only that portion of the canal shall be irrigated. Of course the compressor urethrae aids in keeping the fluid from going backward, though if much hydrostatic pressure be used, this resistance is easily overcome. At the beginning of an irrigation the stream should not be directed into the urethra with full force, nor should the tip be pressed firmly into the meatus. The stream should be gradually increased and the tip held at some distance from the meatus unless one distinctly wishes to force the fluid into the bladder. The reason for this is obvious —the chief object of irrigation is to mechanically cleanse the canal by washing out obnoxious material, and for a successful result free outflow of the fluid is requisite. If the meatus is very small, cut it. A small meatus not only admits too little fluid but, more especially, it does not allow a free enough return flow. Irrigating solutions should always be used warm and in large quantity: by that is meant not less than one, and preferably two quarts for each irrigation.

The question of the chemical nature of the fluid employed must, I think, be determined by each man for himself. For the purpose of determining for myself, if possible, the most satisfactory one, I have made use of the following, each one in not less than 25 consecutive cases: mercuric chloride in different strengths, carbolic acid, boracic acid, hydrogen peroxide, permanganate of potash, acetozone, salt solution and sterile water, water, and it must be said that from observations, which were presumably made with care, no one of them recommended itself decidedly above all others. The mechanical cleansing is, according to the author's opinion, the important factor in the irrigation treatment. Mention must be made also of another factor which is said to augment the efficiency of the irrigation treatment. This is the general œdema of the urethral tissues which it induces: this œdema presumably renders the soil less fertile and is therefore antagonistic to the well-being of the invading organisms. The question is often asked: "Why do you irrigate cases, when for years germicidal and antiseptic injections successfully conquered the disease?" The answer embraces several points: no injection, or irrigation for that matter, has ever really conquered the disease. Gonorrhœa is a more or less self-limited infection and we conquer it only as we help the affected organism by assisting Nature in her efforts to overcome the infection; and by irrigation this

assistance is most rationally and successfully given. Further, only experience will demonstrate to one the relief which gentle warm irrigations afford the suffering patient.

The frequency with which irrigations are to be given depends usually upon the number of times the patient will come to the office for treatment. Certainly there should be one or two daily; three if the discharge accumulates rapidly, are desirable; no patient ever received any harm from a proper and gentle washing. As the case progresses and the discharge diminishes or disappears, the number of daily washings may be reduced. The results of this treatment of acute anterior urethritis have, in the author's experience, been uniformly satisfactory; he is not able to report any remarkable few-day or one-week cures; on the other hand, he can report that no case, of which he has had continuous charge, has been unduly protracted. The patients have uniformly received early relief from painful or distressing symptoms and have progressed satisfactorily to recovery.

In acute posterior urethritis, the actual discharge is apt to be less copious, though the purulent material is produced in just as great quantities as in anterior infections. The reason for this is the barrier which the compressor muscle offers to the free outflow of the pus. The vesical sphincter is less strong than the compressor, hence some of the pus probably always enters the bladder. In fact Finger says that every case of posterior urethritis is one of urethro-cystitis. It is of course impossible to irrigate the posterior urethra without irrigating the anterior as well. It is very difficult to irrigate the posterior urethra without having some of the fluid enter the bladder. Therefore in cases of posterior infection, intra-vesical injections are nearly always practiced. The dangers therefrom are very slight, practically nil; it is not easy to infect the healthy bladder. Furthermore, the patient is made to empty his bladder immediately after irrigation, and as an additional safeguard, the author usually washes out the bladder two or three times, and there has never been general vesical infection as the result of such irrigation. In fact, one of the most striking things noticed has been the exceedingly small number of complications of any kind developed in either anterior or posterior acute urethritis.

In posterior infections, if there is no history of a former gonorrhœa, the questions of narrowings or strictures of the canal need not be considered. If, however, there has been a previous attack, this question must always be taken into account, because no infection lying proximal to an organic stricture can be removed unless the stricture receives proper attention. The irrigations in posterior urethritis are conducted with about the same frequency as in the acute form. Sometimes toward the end of treatment it is advisable to use the urethroscope and treat the still unhealed places of infection directly through the urethroscopic tube, this to be done when the infection has practically disappeared and the healing areas require some stimulation. At the end of a case, also, the urethroscope should be used to determine positively that no such unhealed areas exist.

The general, or systemic, treatment of gonorrhœa may be covered in a few words. All hygienic measures tending to assist the well-being of the patient are useful. Alcoholic indulgence must be prohibited; free partaking of all other fluids should be encouraged. There is little gained in restricting the diet, provided the stomach and intestines take proper care of the food. Specific internal medication is unsatisfactory; in gen-

eral it may be said that such medicaments are beneficial only as they assist diuresis: The so-called urinary antiseptics, Santal oil, Saw palmetto, boracic acid and so forth should be of considerable help, theoretically, and probably, to some extent, are.

In a word, the author's experience with urethral irrigations in acute gonorrhœal infections shows results which may be said to be quite satisfactory. There have been few complications, the course of the disease has been moderately short, never less than 10 days, never more—and that in exceptionally few cases—than five or six weeks. It must be understood that this is true only of such cases as were under the author's observation and treatment throughout the course of the infection. Patients were made comfortable almost from the beginning of the treatment. No patient was discharged until it had been determined as positively as possible by urethroscope and microscope that the areas of infection were healed; and few patients returned with recurrence, except where such recurrence was traceable to a possible new infection.

270 Woodward Avenue.

Re Biliousness.—"S. P. T.," in the *Western Medical Journal*, voices the following forceful lay on the question of nomenclature:

If these very learned doctors, revolutionizing things;
If these diagnostic ace spots and these therapeutic kings
Will just lend an ear a moment, I will ask them kindly this:
It's the question of a fogy, but it surely ain't amiss:
"Will you tell an old time doctor (if it's any of his biz),
If biliousness now isn't, just what in—— it is?
When the face is dead and yellow and the tongue is coated white,
When a fellow is so dizzy that he can't tell day from night,
When his mouth tastes like damnation (though he hasn't had a drink),
If that ain't bilious, brothers, just tell me what you think.
It may be grand gyratus or some such learned name,
With a pathologic basis and the Latin for the same,
But call it what you've mind to, to me its more than like
That the patient's good and bilious, with a liver on a strike.
With calomel I'd soak him, like all you learned men,
And bilious or gyratus, he'll soon be well again.
And I repeat my question, (if it's any of my biz),
If biliousness now isn't it, will you tell me what it is?

Where Jane's Pain Was.—A dear little boy whose winter home is in the Oranges in New Jersey, and whose summer home is at Glen Summit, Pa., but whose identity shall not be further disclosed, attended a dame school last winter and, on an occasion when visitors were announced, took part in exercises in their honor. The exercises comprised recitations by the brighter children, and among them this dear little boy was called on. He recited in perfectly good faith the following, which he had learned or caught from an indulgent nurse with semi-poetical instinct:

Jane ate cake and Jane ate jelly,
Jane went to bed with a pain in her—
Now don't get excited,
Don't be misled,
For what Jane had was a pain in her head.

When the youngster told of this to his entirely surprised and somewhat shocked parents they asked him:

"What did the teacher say?"

He replied: "She said nothing. She just turned around and looked out of the window, but the scholars and the visitors wanted me to say it again."—(*Brooklyn Eagle.*)

Ice for Respiratory Hæmorrhages.—Ice applied to the external genitals—the scrotum in men, the labia in women—is said to be the best and simplest method for controlling blood-spitting and nose-bleed.—(*Canada Medical Record.*)

THE ADVISABILITY OF EARLY SURGICAL INTERFERENCE IN ACUTE TYMPANO-MASTOIDITIS.*

BY EMIL AMBERG, M. D.,
Detroit, Mich.

Since Schwartze, of Halle, reintroduced the mastoid operation and placed it on a scientific foundation, a change has taken place in the views of the medical world in general in regard to surgical interference in affections of the middle ear and adjacent parts. If we consider that about twenty years elapsed from the time that the tubercle bacillus was discovered until the necessity of rational preventive measures became familiar to the profession and the public, we little wonder that it has required about three decades before firm rules have found their enforcement in otology, which only recently is gaining the recognition due to its importance. Surgical interference in affections of the middle ear is becoming recognized only after the unceasing efforts of those whose better insight place the duty upon them to show that the use of the knife is not only justified but imperative under certain conditions.

How does it happen that a more rational therapy for ear affections of the acute type has only recently been more generally accepted?

We should consider the following:

1. Tympano-mastoiditis is sometimes not diagnosed.

2. Only lately has it been recognized that complications of a middle ear suppuration are very frequently preventable if the mastoid operation is performed soon enough. These complications can mostly be headed off by dealing surgically, at an early date with ear suppurations by removing the focus of infection.

3. Brain abscesses and other complications of middle ear suppuration give a doubtful prognosis, even if surgically interfered with.

4. The mastoid operation itself is, in the very great majority of cases, free of any danger, if performed by trained hands.

5. An early operation in cases which may, perhaps, get well without operation hastens recovery.

6. Exploratory operation is not only justified but sometimes imperative.

Time and occasion prevent me from entering upon a lengthy discussion of all points. Let us only consider at random some views corroborating my statements.

1. It is very probable that tympano-mastoiditis is a much more frequent affection than is generally supposed.

Dr. Hammond, of Boston, says: (I) "Many times I have had the statement made to me by physicians that they have been in practice twenty years, we will say, and have never seen a case of mastoiditis, and almost in the next breath ask: 'What are the symptoms?'"

2. That suppurations in the tympano-mastoideal cavity, if left alone, frequently lead to fatal complications is well known.

Koerner says: (II) "Pitt found in nine thousand autopsies in Guy's Hospital, 1869-1888, 57 deaths by ear suppuration, (1:158); Gruber, Wiener Allgemeines Krankenhaus, 1873-1894, in 40,073 post mortems, 232 (1:173); Poulson, in 14,580 post-mortems, Kogenhagren, 1870-1895, 48 by ear suppuration (1:303). Of ear patients 0.3% die, according to Buerkner and Randall.

Koerner compiled the results of 115 autopsies and found that:

41 patients died of Sinus phlebitis and thrombosis,

43 patients died of Brain Abscess,

31 patients died of Meningitis.

Dr. E Oliver Bell (III) says: In this country 4,000 deaths which occur annual-

*Read before the Michigan Medical Society, Port Huron, Mich., June 27, 1902.

ly from abscesses of the brain are attributed principally to suppuration of the middle ear."

Others say that one-third of all brain abscesses are caused by middle ear suppuration.

3. That it is more difficult to deal with complications arising from tympanomastoiditis is apparent. Sinus-phlebitis and thrombosis, brain abscesses and meningitis, do not permit us to give an entirely favorable prognosis even if surgical interference is resorted to.

Dr. Brindel, of Bordeaux (IV), in an excellent article, speaks of a case in which the presence of brain complications was apparent six days after the ear affection started. He further says that in some of the patients meningeal prodromal symptoms appeared on the sixth, in some on the 12th, the 14th and the 55th day after the suppuration in the ear began. He says:

"To wait with operating until meningoencephalitic symptoms appear means to allow us to become checkmated almost with certainty. It is better to prevent them by liberally opening the apophysis. Each time when we witnessed interference, or when we interfered ourselves when there was no brain complication present, we had only noted success. On the other hand, we have seen, at various times, patients succumb to brain complications who refused operation before those symptoms appeared."

Dr. Brindel comes to the following conclusion: "Demonstrating by the experience which we have had and which we have daily in the ear clinic of the faculty of Bordeaux, the dangers of waiting in ear suppuration, I have tried to bring forward the necessity to discover and to treat as quickly as possible the most common complication, the mastoiditis, under whatever form it presents itself."

We readily see that the diseased middle ear and its relations to the adjacent parts can very well be compared with diseased organs in the abdominal cavity. In abdominal work, be it an affection of the gall-bladder or of the appendix, etc., early operation gives good results. Adhesions or peritonitis make an otherwise easy operation difficult and do not admit of such a favorable prognosis. In diseases of the ear the same can be said of sinusphlebitis, meningitis, etc.

4. That the mastoid operation is free of danger in the very great majority of cases if performed by skillful hands can be seen by the fact that in late years a total facial paralysis caused by injury of the facial nerve seems to be a very rare occurrence. As reasons for this must be given that nowadays aural surgeons who perform operations on the middle ear, have seen the necessity of working on specimens.

If my memory serves me right, I have been told by a German colleague, who did post-graduate work in Berlin at the same time that I did, that he performed the radical operation ninety times, or more, on the specimen, before he dared to do it on the living. It seems to me that work on specimens is indispensible for acquiring the necessary experience.

5. Concerning the fifth point, that patients who may recover without an operation get well more quickly if an operation is performed, we must confess that the statement does not admit of a proof which may be called mathematically correct, because the possibility of indisputable comparison is removed in either instance. We must rely more upon our own and our patients' judgment in general. I do not doubt that a great many aurists who treated patients in whom both ears were affected, but in whom threatening symptoms were only present on one side, will hear, soon after surgical interference,

expressions of surprise on the part of the patient that the operated ear improves more quickly than the other, although it was the worse. We can assume, with a certain degree of correctness, that the operation hastened recovery because the more seriously affected ear improved more quickly than the less serious affected.

6. That an exploratory operation, in case of doubt, is justified, if there do not exist serious contra-indications, can be learned from our previous remarks. Illustrative of this point that it is better to operate in case of doubt, may be the following remarks by Dench (V):

"I have previously reported a number of cases in which extensive mastoid involvment has occurred where the evidences of inflammation of the mastoid were extremely obscure. In all instances when I have operated earlier than my better judgment would have allowed me to do, I have found an extensive destruction of the bony structures."

Even if a number of patients may have been cured without an operation, we can fairly well assume that just as great a number may have died because a simple operation was not performed soon enough. It is better, in my opinion, to operate on a hundred patients of whom even fifty might have been cured without an operation than to risk the life of a single patient by an ultra conservative method. We should consider that early interference is simple and makes conditions, to a comparatively great degree, certain, where they would otherwise remain uncertain.

In conclusion I must express satisfaction that the interest in otology has increased in the State Medical Society. In the year 1900 I had the honor to read the only paper on the ear, and was granted between five and about ten minutes time to read it. In 1901 there was only one paper on the subject, by Dr. Stockwell, of Port Huron. This year we have four on the programme. May the increased interest continue.

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Got Back at Him.—A city hall employe sends the story of an officeholder who was one of a party that attended the funeral of a Chinaman on a recent Sunday. He took a great deal of interest in the queer services at the grave, and noticed that, among other things, a roasted duck was left there by the departing mourners. Calling one of the "Chinks" aside, he asked:

"Why did you leave that duck on the grave? Do you think the dead man will come and eat it?"

"Yeppe," replied the Boxer sympathizer—"alle samee as le white deadee man come out and smellee flowers."—(*Philadelphia Times.*)

Price too High.—In the June JOURNAL appeared a review of International Clinics, one of the Lippincott publications. By an error, the price was printed at $2.50. It should have been $2.00.

DETROIT MEDICAL JOURNAL

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EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

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DETROIT, MICH., JULY, 1902.

THANKS.

The management of the JOURNAL wishes to extend sincere thanks to those of its readers who complied with the request in these columns last month, regarding the settlement of accounts due. Many have paid and some have notified the management that it was not necessary to send them the JOURNAL any longer. Thanks are due both classes of correspondents; the former for their appreciation of a live journal, devoted to their interests, and the latter for their courtesy in saving us needless expense in sending them something which they do not need. We know that there are many publications in the medical field; but we also like to think that there is none just exactly like the DETROIT MEDICAL JOURNAL. There have been discouragements and there have been encouragements met with in the conduct of the magazine; but there have been enough of the latter to more than make up for the former. Again we extend our thanks to all those who gave heed to our remarks last month; and we shall esteem it a favor if some of the others will show us the same courtesy this present month.

THE ILLNESS OF THE KING.

On the very eve of the consummation of his highest ambition, King Edward VII, of Great Britain and Ireland, has been stricken with a disease that threatened to end his life before he could have the crown placed on his head. As we go to press, the royal patient is pronounced to be resting comfortably and to be making as speedy a recovery as could be hoped for under the circumstances. While we sincerely hope that the case of His Majesty may have a happy termination, yet we are mindful of the dangers which attend the progress of a case of appendicitis where the patient is past sixty years of age and of a full habit.

King Edward is fortunate in having his case in charge of the ablest of the British surgeons, who have as a body of men no mean reputation for skill. The subjects of the king have from the first onset of the attack of appendicitis from which their ruler was suffering shown a most gratifying confidence in the ability if the surgeons to cope with whatever emergencies might arise. Yet the task of the surgeons was no light one. A king is not to be treated like an average patient. There are reasons, and grave ones, why he should not be put under the same course of treatment as one of his subjects; a king cannot be dictated to as to the time at which an operation shall be performed.

It must have been a source of infinite satisfaction to the physicians in charge of the case to feel that for the time being, at least, the happiness of millions of loyal subjects turned on their knowledge and skill. While they were in charge of the operation, the attention of not only Great Britain but of the whole world was centered on them. And from all accounts they bore themselves throughout the whole matter with dignity and confidence. It will be a very high honor to all of the practitioners associated on the case if their efforts are finally crowned with success.

The king is reported to be a model patient; he is said to observe scrupulously every injunction laid upon him by his physicians; of course, he has the most careful nursing obtainable and his surgical attendants are men of recognized reputation. His chances for recovery appear bright at the present time, and we sincerely hope that the case will have an ending favorable to the royal patient.

ALCOHOL AND THE PHYSICIAN.

Long before Father Noah bruised the grace, the race of human beings knew alcohol in some form or another as a beverage, and liked it for the effects it produced on their systoms. Ancient religious rites found the use of alcohol one of the strongest factors in securing men for the priesthood and the holy drunkenness of the Persian priests is not the only illustration of the uses to which alcohol were put in religion. And it was then what it is to-day—a curse when abused. Nowadays men and women are trying, through the medium of religion and law, to stop the use of alcohol, though it must be said that their efforts appear to be meeting with scant success. It is now for the scientist—the physician—to show men that they must not drink alcohol because it is a poison. If every physician took occasion to familiarize all his patients with the effects of alcohol on the system, the time would eventually come when it would be difficult for the manufacturer of alcoholic beverages to live.

Alcohol is a poison and is recognized as such by the profession. Yet there are many practitioners who prescribe its use —in small quantities. But the French say, "Qui a bu, boira," and that is just as true of the American as it is of the Gaul, and the small amount of alcohol, taken on the advice of a physician, may form a habit which will hardly be shaken off. If a doctor can make a man understand that he is actually killing himself, he can stop his drinking. And he ought to be able to make him understand that much.

SUBSTITUTION IN MEDICINE.

Dishonesty infects every walk of life and every stratum of society. If it is not the kind of easily recognized dishonesty that consists in a faulty discernment between *meum* and *teum*, it is a lack of square perception of right and wrong in business and in professional dealings. To a certain extent, the patient and the physician are alike in the hands of the pharmacist. The life of the one and the reputation of the other may be jeopardized, if not actually lost, through carelessness on the part of the dispenser. And when the difficulty lies not in ignorance or carelessness, but in crass substitution of one ingredient for another, because it is cheaper or more profitable, then the pharmacist becomes doubly dishonest. His dishonesty strikes the man from whom he is receiving patronage and the individual whose life and future hang on the skill of the physician.

We have laws abundant on the subject of pure food and pure beverages. Every article of food must be up to a certain standard, milk is tested by a specially trained force of men and malt and spirituous liquors are required to be of a certain quality before they can be legally vended. The druggist who substitutes one thing for another is not so often caught as are the dispensers of improperly prepared food and drink; yet his act is much more specifically bad. How much may depend on the quality of a prescription is something that nobody can know until he has been placed in a position from which he can see plainly. A human life may turn on the proper selection and combination of the component parts of a physician's prescription; and the reputation of a physician

stands side by side with them in the same jeopardy.

Like many other abuses with the ill effects of which we are familiar, the remedy is somewhat difficult of application. When we are sure that substitution has been practiced, it is without doubt our duty as citizens to see that the guilty party is published. Most states have laws providing for the punishment of the guilty when they are detected; the hard thing to do is to secure the proper evidence. For some reason or another, the average physician is extremely loath to have much to do with a court of law; lawyers and physicians seem to mix badly as professional relations and the chances are that when a physician finds that he and his patient are being defrauded he contents himself with going to another pharmacy.

It has been suggested that every physician could become his own dispensing agent. But this requires endless time and trouble, besides an outlay in money that most physicians are not prepared to make. Committees from the medical societies are suggested as another possible solution; but the trouble is to get committees to act together and to act promptly. Of course if a physician sends his prescriptions to be filled by a reliable druggist, he is reasonably sure of having just what he prescribed dispensed; and if every physician went to a thoroughly reliable druggist, there would be no cause for the really universal complaint against substitution that is now being raised. Like every other problem that confronts the profession, the solution to this one lies in the neighborhood of concerted action. But the practitioner who has patients enough to find cause for complaint in improperly filled prescriptions is, as a rule, too busy to take the time for investigation and proving of charges.

If every physician took the time and pains to discover exactly what it was that he wanted and then stood steadfastly for that thing and no other, a long step in the advance against substitution would have been made. And until the profession at large takes such concerted action, there is little to hope for in the way of improvement.

DR. LUCY LONG, OF BOSTON.

Almost every editor of a medical journal expressly states that he does not necessarily endorse the opinions of the writers whose contributions appear in the pages of his magazine. We do, ourselves; and one of the most obvious reasons for such a rule is found in the July issue of the Alkaloidal Clinic, which contains an article from the pen of Lucy Long, M. D., of Boston. Dr. Long is in print with a protest against the general practice of the marital act as it is now carried on among all the peoples of the world.

Dr. Long is an economist, a rigid economist. She declares that the wastefulness of the act should not be permitted to endure. She says: "Women form one ovule each month, while men with characteristic extravagance discharge millions of spermatozoa at each embrace. Now this is all wrong. Why expend millions when one suffices? No wonder men are poor until they marry. Why not select one man in each community, the most perfect specimen obtainable, educate him for the express purpose, letting the whole energies of the community be concentrated on the effort of rendering him perfect and when at his greatest perfection of vigor withdraw from him by mechanical means a store of semen. This could be preserved and so attenuated as to allow a single spermatozoön for each woman who desired maternity. A single emission would supply a county for a ceneury, and yet leave a surplus

to send to other localities where accident might destroy their own stock. As this would render the genital functions of all the other males superfluous, they should be castrated at birth, and also the one chosen male as soon as he has furnished the needed supply. * * * * The castration of all the males would offer so many advantages to the community that it has only to be mentioned to be appreciated. No more sexual crimes, no sexual disease, no wasting of energies in the pursuit of vain and profitless objects; no more fighting, jealousy or debauchery—really, is not this the true millennium that we see before us? * * * * I would be glad indeed to have this plan discussed * * * * For my plan would entirely do away with the vile, disgusting practice of sexual intercourse, since the semen would be withdrawn from the male and supplied to the female by mechanical means exclusively." And so on.

Well, all this certainly has the not very great merit of being original. Somewhat startling, though, isn't it? Here for aeons and aeons, people have been going through with a vile, disgusting practice, one of the results of which is Dr. Lucy Long. Perhaps there is something in what she says, after all. She herself speaks of the sexual act, which some of us have been low enough and foolish enough to fondly conceive of as being something sacred, as a pursuit of vain and profitless objects. Perhaps she is one of the objects in question. Her utterances give an impression that she is.

For ourselves, we have indulged in a little mental speculation as to what the conditions would be if the plan of Dr. Lucy Long should be carried out. We can imagine a sort of community cold storage plant, where the semen of the fortunate and perfect male selected(by women?), shall be kept and dealt out to all women who desire maternity. There might be an arrangement for office hours at the place of storage. Say Tuesday and Fridays, from 2 to 4, Sundays and evenings by appointment. And in a vision we see the people of this millennial community, gamboling peacefully about on the greensward, occasionally taking a few moments off to castrate some helpless male child. The question of preservation of the seed would be an interesting one. We have known of a Detroit physician who was able to keep spermatozoa alive for forty-eight hours on ice; but Dr. Lucy Long's plan apparently calls for its preservation for a much longer period. When the only man in each county is finally castrated and joins the ranks of the pure in heart, what is going to be the logical outcome of the plan? We have read somewhere that organs atrophy by generations of disuse. Isn't it in the range of possibilities that there will come a time when the results of the vile, disgusting practice of sexual intercourse cannot be attained by Dr. Lucy Long's chaste method? And how about the women? Perhaps even Dr. Lucy Long will admit that some women not only do not regard the sexual act as vile and disgusting, but are sufficiently abandoned to even enjoy it. Isn't it possible that their desires will atrophy also, to the end that the entire human race will be blotted off the earth?

The doctor's protest against the prodigality of man in the matter of the overplus of spermatozoa is a protest against nature, a force that has been in existence for quite a time now. Nature with prodigality produces more fish-eggs every season than there is any possibility of a necessity for. The progeny of a single pair of shad would in two years, it is estimated, fill the Atlantic ocean from brim to brim. What a wanton waste!

Dr. Lucy Long really ought to turn her attention to stopping this oversupply; it needs attention. Let her turn to the consideration of the productiveness of the cold-blooded and shameless shad and figure out some way in which to put a stop to the male furnishing the material for the impregnation of so many eggs. And above all, let her keep her mind off the matter of putting a stop to the natural method of reproduction. It has been going on a long time now and people in general have grown to at least a toleration of it.

EDITORIAL NOTES

Numerous experiments are now being conducted in different portions of the world with a view to securing a new kind of virus or to determine the results of vaccination of the lower animals. Dr. S. Moncton Copeman, an English local inspector, so an exchange tells us, is busy with a series of inoculations of monkeys with small-pox virus, his purpose being to secure a vaccine that shall be more suitable for the vaccination of human beings. It is noteworthy that one of the foremost experimenters on monkeys, Prof. Garner, produced only unsatisfactory results as the fruit of long and elaborate experiments. And the English inspector is not likely to supplant Jenner as a household name in medicine. Our exchange suggests that there may be some difficulty in securing a name for the new product, supposing the genial Copeman to be able to isolate and secure it. "Simine" seems to be the logical one. And there are some few people at least who would be totally susceptible to all inoculation from a vaccine that had a simian source. Von Behring's experiments with vaccination on cows and other domestic animals may be only the forerunner of a more general vaccination that is to be. We may complacently look forward to a time when all the lower animals with which man lives in close communion will be vaccinated and with so many different kinds of virus that they will be practically incapable of transmitting disease as they now do. Truly we live in a scientific age.

Physicians at Harper Hospital have formed an organization that is said to be unique. The name of it is the Bull Durham Club, and a large membership has already been secured among the present and former physicians and attaches of the hospital. A room will be secured in the hospital and fitted up as a satisfactory place for a physician or his friend to sit down and woo the goddess for a while. It is hoped that later on the room may assume the garb and the functions of a club room, with reading matter and possibly a pool table. At the first election, which is said to have been surprisingly free from acrimony, the following officers were chosen: President, Dr. P. E. Moody; Vice-Presidents, Drs. H. O. Walker, Don M. Campbell, W. F. Metcalf and W. F. Acker; Secretary, Dr. E. M. McCoy; Treasurer, Dr. E. C. Rumer; Orator, Dr. Angus McLean; Tobacco Tester, Dr. Theo. L. Chapman; Buyer, Dr. E. M. McCoy; Chief Pipe Filler, Dr. J. V. Yale; Chief Cigarette Roller, Mr. John Dodds; Chief Torch Bearer, Dr. T. A. Booth; Chief Pipe-Story-Teller, Mr. Horace Avery; Auditor, Mr. F. E. Moulder; Press Agent, Mr. Frank E. Berthiaume; Official Tobacconist, Mr. F. E. Hibbler.

Members of the American Roentgen Ray Society will hold their next meeting in Chicago on December 10 and 11, and

a feature of the gathering will be the exhibition of some of the latest and most approved apparatus for making use of electricity for therapeutic purposes. The programme, which is said to be an excellent one, will be announced at a later date. Some well known physicians and surgeons of Chicago are on the local committee of preparations, as follows: Dr. Ralph R. Campbell, 414 Marquette Bldg.; Dr. John B. Murphy, Reliance Bldg.; Dr. Louis E. Schmidt, 424 N State St.; Dr. M. L. Harris, 100 State St.; Dr. W. L. Baum, 103 State St.; Dr. H. G. Anthony, 465 Dearborn Ave.; Dr. W. A. Pusey, Columbus Memorial Bldg. Weston A. Price, D. D. S., is chairman of the executive committee, with offices in Cleveland.

The regular meeting of the Central Michigan Medical Society was held at the city hall in Lansing on July 10 at 2 p. m. The following programme was presented: Call to order and roll call; Business meeting; Paper—"Acute Intestinal Diseases," by Matthew Coad, M. D., Williamston; Discussion—led by A. D. Hagadorn, M. D., Lansing, and Gertrude D. Campbell, M. D., Mason; Clinic, in charge of committee, R. J. Shank, M. D., and H. A. Haze, M. D.; Reports of cases by members.

The officers of the society are: President, S. H. Culver, M. D., Mason; Vice-president, H. A. Haze, M. D., Lansing; Secretary and Treasurer, L. Anna Ballard, M. D., Lansing.

The highest court of the state on June 24 last, reversed the decision of the Wayne Circuit court in the case of the People vs. Dr. Ernest L. Shurly. Dr. Shurly, it will be remembered, was found guilty by a jury of having failed to report cases of consumption; the bench took the matter from the jury by setting aside its verdict and entered a judgement for the defendant, Dr. Shurly. It is held by the superior court that this action resulted in a mistrial and that the ends of justice will best be served by a rehearing of the entire matter. Those who heard the trial in Detroit will remember the keen interest which attached to the hearing, and the trial which is to be made should not be lacking in interest.

In the June JOURNAL appeared very little matter that was not original and exclusive, but in the small portion of reprint two mistakes were made. On page 463 appeared a short excerpt headed "A Cry Against Immoral Advertising," which was credited to the *Medical News*, and on page 471 a longer one, headed "Practicing Medicine by Telephone." This was credited to the *Medical Review of Reviews*, but with the one first mentioned should have been given to the *Philadelphia Medical Journal*. This explanation is made with the double purpose of expressing regret for an error and of placing the credit where it properly belongs.

Vaccinated in a Cold Locality.—He was sitting by her side at dinner, proudly congratulating himself upon being where he could look down upon the beautiful neck and arms. "I am being tortured," she said, as she moved uneasily. "I have been vaccinated, and it is just 'taking.'" "Why," he said unguardedly, as he cast another glance at that handsome neck and those lovely arms, "where were you vaccinated?" "In Boston," she replied, as a smile drove away the evidences of pain.—(*Peoria Medical Journal.*)

Salicylic Acid in Strawberries.—Portes and Desmoulières have succeeded in isolating crystallized salicylic acid from strawberries. The *Gaz. Med. Belge* mentions this curious fact, and observes that it is important in the study of adulterating substances in preserves, syrups, etc., containing strawberries.

New Instruments & Devices

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or halftone with a base not greater than two and five-eighths inches should be sent.

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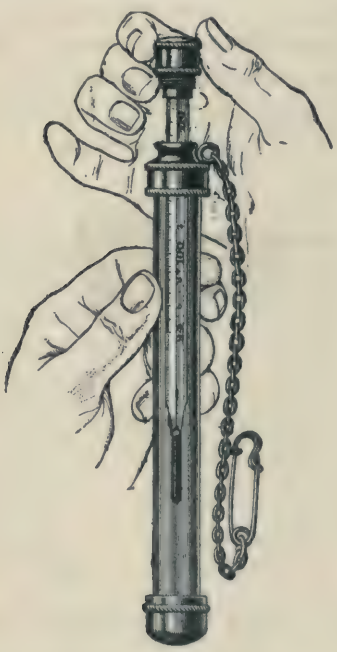
ASEPTIC THERMOMETER CASE.

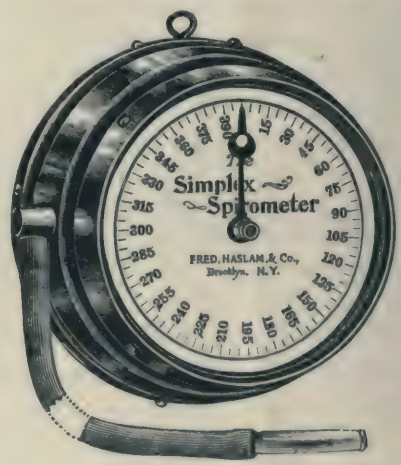
This device commends itself especially to the busy physician who is constantly



going his rounds from case to case, finding frequent use for his clinical thermometer. The question of securing asepsis in the thermometer is one which every doctor likes to settle to his own satisfaction, and this arrangement aids him in the solution of the difficulty. An antiseptic solution, say corrosive sublimate 1 to 500 is placed in the heavy annealed glass tube, a rubber diaphragm which rests on the mouth of the tube forming a water-tight closure and preventing the liquid from spilling out even when it is turned upside down. The thermometer is thrust through the diaphragm and the screw cap turned in the ordinary manner. A safety chain for securing the thermometer case to the waistcoat of the physician completes a handy device. The glass tube is sufficiently heavy to guard it against breakage and leakage is absolutely prevented. The cut gives an excellent idea of the device, which retails for $1.25 complete.

SIMPLEX SPIROMETER.

Almost everybody likes to test the capacity of his lungs, as the popularity of the common "lung-tester" amply testi-



fies. The diagnostic value of such a device is, of course, somewhat problematical, but physicians will find the article herewith illustrated a convenient one and one that will prove a useful addition to their office. The spirometer is 5¾ inches in diameter and is fully nickel plated. It retails for $6.00 and is worth the money.

GALLOWAY OBSTETRICAL OUTFIT.

This new aid to the obstetrician is called the Galloway obstetrical equipment and it is designed to secure comfort for the parturient patient and convenience for the accoucheur. It consists of a hot

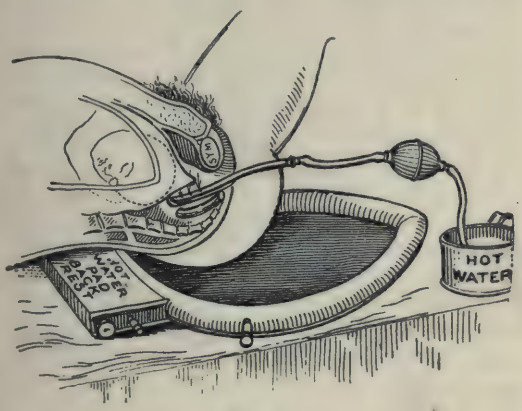


Fig. 1.

water pad and pan, serving to apply heat to the sacral region and to the back, in the manner illustrated by Fig. 1. The pad is prepared for use by having about a pint of hot water poured into it, afterwards being blown full of air. When it

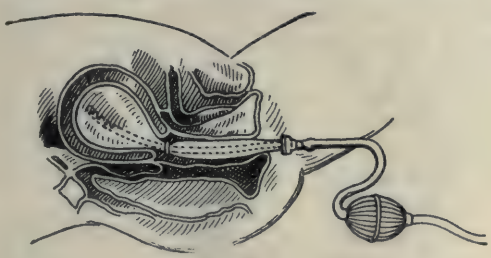
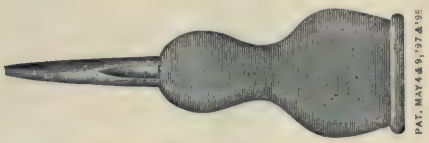


Fig. 3.

has been placed under the patient's back, it is adjusted by means of an air-valve so as to conform exactly to the shape of the back, forming a comfortable support. The combined efforts of the heat and the support will greatly ease the back pains in the first stage of labor.

NON-COLLAPSIBLE NIPPLE.

For babies who are being brought up on artificial food the matter of finding a suitable nipple for the nursing-bottle is sometimes a rather difficult one. Many of the nipples offered for sale have an unpleasant habit of collapsing when they are in use, preventing the infant from securing any food. Various means have been devised for preventing this, several of the nipples in use depending on a valve to keep them properly filled with air. The manufacturers of the nipple



herewith illustrated claim that their device is superior to all others now on the market. Its support consists of a stem of rubber which runs from the top of the nipple into the hollow cup. A slot in the side of the stem permits the passage of the liquid food through the ordinary hole in the top. The presence of an absolute physical obstruction makes the support positive, and the stem in no way interferes with the use of the nipple itself and it has the additional advantage of giving

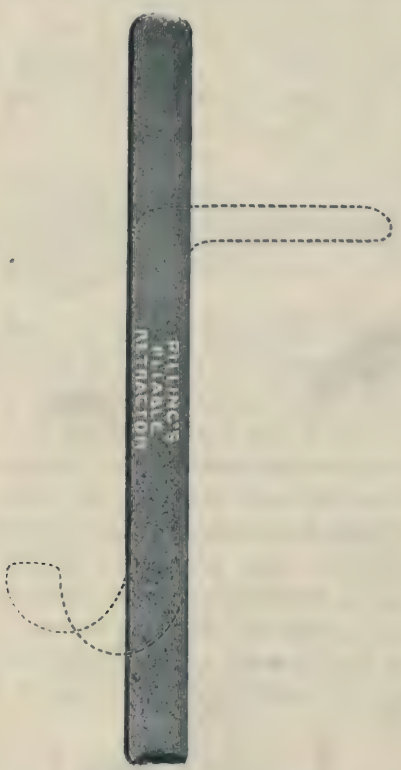
the infant something to chew on while dentition is in progress.

The nipples themselves are of a correct size for insuring the baby's comfort and are manufactured of fine para rubber. They are smooth and tough and will last a long time. The price of them to the profession and the laity is 50 cents a dozen.

PLIABLE COPPER RETRACTORS.

These retractors, the numerous uses of which commend them to the attention of the profession, are simple in the extreme.

They are made of copper of sufficient fineness to admit of their being bent into any peculiar shape demanded by the use to which they are to be put and can readi-



ly be straightened again without using undue pressure. A triple silver plating insures a handsome appearance and durability of finish and their very construction renders it an easy matter to secure entire asepsis in them. They are made in four sizes, ranging in width as follows: 1 inch, 1¼ inch, 1½ inch and 2 inch. There is no doubt that they can be made useful in many ways to the surgeon and the assortment of sizes gives a man what he wants. Their cheapness is another point in their favor, as they retail for $4.50 a dozen net.

Please Read This.—If your subscription has expired, *send us one dollar.* If you don't want the JOURNAL, *stop it.*

THERAPEUTIC BREVITIES

Complication Following Removal of Adenoids.—Dr. A. Montenyohl, of Akron, Ohio, writing in *Pediatrics*, reports the following case: Recently I have noticed the reports of various complications following the surgical removal of tonsils and adenoids, and I wish to mention a very unique case which caused me not a little post-operative anxiety. A female child, aged 5 years, suffering from a very aggravated form of enlarged tonsils and adenoids, was operated upon in the usual manner under chloroform narcosis. Nothing unusual was noted about the case until three days following the operation, when characteristic choreic movements were noted to develop in the muscles of the face and rapidly extended to the extremities. The child was extremely nervous and peevish and would cry out at the least excitement and was unable to sleep without hypnotics.

An acute endocarditis ensued and rapidly took on grave manifestations with the fever at 105° F., and respiration 50 for several days. Gradually the symptoms subsided, leaving a chronic heart condition, with the chorea not much benefited. About two months after the acute manifestations the choreic movements disappeared and the child seemed to suffer little except that when she played too hard she would complain of fatigue.

Chorea and acute endocarditis following the removal of adenoids and enlarged tonsils is indeed very interesting and unique from an etiological standpoint. As there was no history of rheumatism in the family I have thought that the complication might have arisen from some sort of infection from the seat of operation. The child did not appear to be frightened before the administration of the anesthetic.

Collateral Circulation Secured After Tearing of both Radial and Ulnar Arteries.—Dr. William J. Kress, of St. Louis, reports the following case in the last *Interstate Medical Journal*: L. B., male,

aged forty years; injured August 31, 1900, while operating a leather stamping machine. His left forearm was badly crushed, completely lacerating all the flexor muscles and tearing out their bellies, severing all tendons as well as both the radial and ulnar arteries. The entire lower third of the radius was crushed into several small pieces which it was necessary to remove. The radius was also fractured at the junction of the upper and middle thirds.

After consultation with Dr. Bernard S. Simpson, who was called to assist me, it was decided to wait for gangrene and its line of demarcation to point out the extent of tissue to be removed. The radial and ulnar arteries were ligated, and all tendons taken up and sewed into their anatomical relations. A bichloride pack, 1 to 2000 and splints were applied. The patient's temperature on the following day was 99 1-5°, gradually rising each day until it reached 101°, which point it never exceeded. The patient's general condition remained good; he was cheerful and suffered very little except when the dressings were changed each morning. Fourteen days after the injury, a well-defined line of demarcation became apparent at the index, middle and ring fingers close to the metacarpo-phalangeal articulations, and the line also showed on the little finger at the last phalanx.

All fingers were amputated in healthy tissue just above the line of demarcation. The parts healed slowly by granulation and there was very little sloughing, leaving the hand healthy as well as the thumb and little finger. The blood supply to the little finger, thumb and the rest of the metacarpus must have been supplied through the interosseous arteries, because the main trunks were both cut.

The patient has regained motion in the thumb and little fingure and in the wrist. I had been advised by several prominent physicians to amputate well up on the forearm on the day of the injury, but declined to do so. The collateral circulation was completely established and a useful hand remains. This case again illustrates in a striking manner that early amputation on the hand and forearm is a practice to be avoided. I believe we cannot be too conservative in the practice of surgery when the hand or fingers are involved. The danger of septic absorption is reduced to a minimum by the moist antiseptic dressing.

Lethal Sleep.—It is reported from Uganda that the natives are dying in considerable numbers from "sleeping sickness," a native name for a terrible disease which occurs among the inhabitants of certain districts in Africa. As its name indicates, it bears a curious resemblance to sleep, the patient growing gradually sleepier until he finally dies.

In 1898 two natives from the Congo were landed in this country suffering from the mysterious complaint and taken to the Charing Cross hospital, where they were objects of great curiosity. The doctors could not grapple with the disease and the patients eventually died. In the districts of Africa where the "sleeping sickness" occurs, the natives live in terror of it, and will abandon their villages on its approach. It is not entirely confined to the negro race, as there are one or two cases on record of Europeans having died from it.

Many reasons have been given as to its origin, but the true cause has not been definitely ascertained. Native doctors are said to cure some cases by rubbing pepper in the eyes, a treatment which, if it did nothing else, would be calculated to keep the patient awake.

Sir Harry Johnston, the eminent authority on Central Africa, believes that the disease is due to the existence of a parasite in the blood which, by choking the blood vessels, interferes with the nourishment of the brain. This is probably a right solution, as the disease is obviously connected with the brain.—(*London Mail.*)

Ninety-Three and Still Practicing.—The town of Freehold, N. J., boasts of a man who is probably the oldest practicing physician in the United States, Dr. Otis R. Freeman, now in his ninety-third year. He is still active and makes visits through the surrounding country as far as sixteen miles from his home.—(*Medical News.*)

NOTES & COMMENT

Doctors and Drug Habits.—The cause of much of the morphinism is laid at the door of the medical man and I'm sorry to say much of it justly so. The victim will in nearly every case berate the doctor who prescribed the drug, and lose sight of those who subsequently buy and dispense it without his knowledge or consent. The doctor has to bear much of the blame that ought to attach to others and I am here to defend him at the expense of the state. While physicians should exercise the greatest care in the use of narcotics, I think the prevention of their abuse is largely a matter for the state. Strict, uniform laws regulating the sale of narcotic drugs is the only way to restrict their illegitimate use.

As to the culpability of the medical man, a case has recently been decided in the English courts, in which a doctor was sued for malpractice in that he was the cause of the plaintiff's opium habit. The decision was in favor of the medical man and the main reason for the decision was that the plaintiff, being a trained nurse, ought to have been aware of her danger. This teaches us a very important lesson both in medicine and in law and it would be well for every one of us to remember it. In every case, where it is necessary to use narcotics for any length of time, or in any case in which their use is not entirely within your control or likely to give trouble, *always* give unmistakable warning and have proof of it.—(W. P. Ivey, in *Charlotte Medical Journal.*)

Moral Suasion by Electricity.—According to the *New York Times*, a collector of old and rare books recently came across a peculiar book in metal, with what seemed to be an electrical appliance at one end. The volume was a copy of the Protestant Episcopal Book of Common Prayer, translated into the language of the North American Indians of Dakota.

The covers of the book had been carefully reinforced with substantial plates of nickeled brass, firmly fastened with five strong rivets on each side. At the top of each cover was an appliance for the insertion of an electric wire.

According to the story told by the seller of the book, the work was used in its present form by a missionary to the Indians, in connection with an electric battery. While the unconverted brave, whose soul the missionary desired to save, held the prayer book with his hands on both covers, thus forming an electrical circuit, the latter would surreptitiously turn on a gentle current, which sent mild but appreciable thrills through the frame of the savage. These he believed to be manifestations of the new found religion.

We wonder how many savages were converted by this method?

Reason for Hurrying.—"Yes," said the old doctor, "you should try to have your own carriage by all means. Because when you want to get to a patient quickly——"

"Oh!" interrupted the young M. D., "I don't think any patient who sent for me would be likely to die before I reached him."

"No, but he might recover before you got there."—(*Philadelphia Press.*)

Insomnia.—As a new border, he was given extra attention at his first breakfast, and was asked by the landlady:

"Well, how did you enjoy your rest after a change of quarters?"

"I didn't rest much," he replied. "I was troubled all night with insomnia."

"Sir," was the landlady's indignant comment, "you should not say such a thing at table! I've never heard such a complaint before in twenty-two years as a housekeeper, and I'd have you know, sir, I've had your betters as my boarders! And," she went on, as he flusteringly began to mumble an explanation, "I do not believe you, sir, and am willing to board you free if you find a single one on that bed!"—(*Philadelphia Times.*)

BOOK REVIEWS

A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. With 653 Illustrations. Second Edition. Pages, 820. Size, 5½ x 9 inches. Price, Cloth, $5.00. W. B. Saunders & Company, Publishers, Philadelphia and London.

This book, which by the way is dedicated to Dr. Hirst's old preceptor, Dr. R. A. F. Penrose, embodies the chief points necessary to a good working knowledge of the art of the obstetrician. Its purpose being primarily the instruction of students and young practitioners, its language is simple and clear and considerable detail is gone into with a view to making everything plain. Wherever it is possible, the author has made such condensations as he was able to without impairing the detail of the text.

The subject matter is logically and conveniently arranged. Beginning with the anatomy of the pelvis and of the female sexual organs, the author goes on to describe pregnancy, normal and with its numerous complications; the physiology and management of labor and of the puerperium; the mechanism and the pathology of labor; the pathology of the puerperium and numerous obstetric operations, concluding the work with a consideration of the physiology and the pathology of the new-born. Each part of the text is embellished with illustrations, many of them taken from life and all well executed. Two colored plates are published with the book.

Keeping constantly in mind the idea that his work is to be read and used by young practitioners and undergraduates, the author carefully defines the meaning of the technical expressions used in a consideration of the subject. Having thus prepared the student for a proper understanding of what he is about to say, Dr. Hirst goes on to the consideration of the important and practical matter of management of a woman in labor. And here the value of Hirst's experience comes plainly to view. The text is full of suggestions of a practical nature, by heeding which the young obstetrician may safely avoid many errors in diagnosis and treatment. Step by step the progress of a normal labor is traced, attention being called from time to time to the incidents that may arise for treatment, with suggestions as to just what is best to be done. This portion of the book is the most fully written and it is the one which will probably be found of the greatest practical value to the student. Every detail, from the preparation of the patient and her surroundings, down to the period when the mother fully recovers from the period attending child-birth, is set down. For practical suggestions and plainness of directions, this book in this part is certainly of the greatest value.

Hirst is a strong advocate of the use of anæsthetics, when properly administered. He points out the advantages to be gained from this procedure and apparently feels that the disadvantages sometimes present are more than counterbalanced by the relief of the patient's pain. He also believes firmly in late ligature of the cord.

Having traced the progress of child-birth, the author goes on to a consideration of the treatment of both mother and child after the latter has entered the world. Up to this point, the consideration has been chiefly of a normal labor, but now he goes into a discussion of abnormalities, such as are unfortunately

sometimes encountered. For a treatment of this topic his experience has thoroughly prepared him. Thus he goes through the whole matter of obstetrics, from conception to recovery, noting constantly the circumstances which may arise in all conditions. He is a practical man and his book reflects his practicality.

The American Illustrated Medical Dictionary. A New and Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, with their Pronunciation, Derivation and Definition. By W. A. Newman Dorland, A. M., M. D., Assistant Obstetrician to the University of Pennsylvania Hospital; Editor of the American Pocket Medical Dictionary; Fellow of American Academy of Medicine. With New and Elaborate Tables of Arteries, Muscles, Nerves, Etc. Numerous Illustrations and 24 Colored Plates. Pages, 770; Size, 6 x 9 inches. Bound in limp leather. Price, Plain, $4.50 net; with Index, $5.00 net. W. B. Saunders & Co., Publishers, Philadelphia and London.

Here is a dictionary that we like immensely. Although it has been published for nearly two years it contains practically all the information that the modern practitioner has a right to expect in a dictionary, while its price is remarkably reasonable. Dr. Dorland's previous experience in dictionary editing has proved of value to him in the matter of showing him how to condense where it is to the best interests of the book, without being unduly brief in the matter of definition. The Latin, Greek and French languages, from which so many of our modern words in medicine are taken, are clearly shown in etymology, while the sturdy German language lends its aid also to furnishing us with medical terms. Where the word to be defined is the name of a drug or medicament, the derivation is given, then the definition, properties of the drug, uses and dosage. So in Lobelia, "from M. de Lobel, acronarcotic, emetic, sedative, expectorant and depressant." Then follows the dosage in the various uses to which it is put. Odd and unusual words are also taken up, as "Lomi-Lomi, a shampooing process practiced in Polynesia."

But it is not alone with the derivation and definition of words that the dictionary deals. Much that is encyclopædic in character is also given. Space has been economized by placing all compounds of words and combinations of the same word in one division of the dictionary, in a manner similar to that practiced in the dictionaries of modern languages. For example, under the one word "Area" definitions of thirty-eight different areas are given, with a word of explanation on each that is sufficient for a clear understanding of what is meant.

Not an inconsiderable factor in the value of the book as a whole is the insertion of a large number of useful tables. Most of these are illustrated and the illustrations, both in line and in colors, are well designed and well executed into the bargain. Under the single head of stains and staining methods, eight pages or more of fine type are devoted to an explanation of the different means by which specimens are properly prepared for microscopical examination. A table of the muscles, with well-drawn representations of the more important muscles, is of interest and the same statement applies to the tables of the nerves, arteries and so on which find a place in the book.

Chemistry and pharmacy are well represented in the definitions and information of value to the practitioner who may have become just the least bit rusty on some points is contained in that portion

of the text devoted to these two subjects. There is no waste of words in definitions but on the other hand there are enough words put into defining a word to convey some clear idea of what it means.

Diseases of Women: A Manual of Gynæcology Designed Especially for the Use of Students and General Practitioners. By F. H. Davenport, A. B., M. D., Assistant Professor in Gynæcology, Harvard Medical School. Fourth Edition, Revised and Enlarged. With 154 Illustrations. Pages, 402. Size, 8 x 5 inches. Price, Cloth, $1.75 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1902.

This book is called a manual, though its size and the general detail of its contents really entitle it to a more pretentious name. Davenport's work as a writer on the diseases of women has already given him a high standing in the medical profession and his previous editions of the same book were exhausted with a promptness that must have been gratifying to him and to the publishers. The text contains practically only the results of treatment that the author has followed out with success in his own clinics and his own treatment of patients.

The author steers a judicious and well-considered course between a tendency to write too detailed a text for the man of practice and a desire to write down only those things which are needed by the practitioner. The result is a book that may justly be considered as of use to the beginner and the advanced physician alike. Diagnosis and treatment, with a brief consideration of the small, but sometimes vital, points in each, are treated at length. In the course of long experience a man frequently becomes cognizant of many small signs which are invisible to the unexperienced, but which at the same time are of the greatest diagnostic value to the man who is well trained enough to observe them; and of these small points Davenport has let fall some very useful hints.

As the author very justly remarks, it is to the family physician that the woman who is ill with the maladies peculiar to her own sex most naturally turns. With a confidence born of years of intimate and familiar relation, she seeks his advice, to the exclusion of the stranger who may be better fitted to treat her. In this condition of affairs, it becomes imperative that the family physician should have a clear understanding of the general nature of the diseases of women, that he may make a careful diagnosis. Then, with this established, he may properly treat the patient himself or turn her over to a specialist in gynæcology who is able to relieve her suffering.

The matter of operative assistance in diseases of women is a carefully written part of the book and the text is considerably elucidated by illustrations, showing every step of the operation, with the instruments made use of in the carrying out of it. Operative technique receives the attention that is its due and there are useful suggestions all along the line. Davenport has done some admirable work in condensing the text, while at the same time he has left out nothing that is vital to the subject. In fact, he brings in almost everything that is in any degree germane to it. Viewed in the light of the book itself and the experience of former editions, we feel that this work will meet with a steady demand from the profession.

A Manual of Otology. By Gorham Bacon, A. M., M. D., Professor of Otology in Cornell University Medical College, New York. With Introductory Chapter by Clarence J. Blake, M. D., Professor of Otology in Harvard Med-

ical School, Boston. New (3rd) Edition. In one Handsome 12mo. Volume of 43 Pages, with 120 Engravings and Seven Plates in Colors and Monochrome. Cloth, $2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

In the space of four years this manual of otology has reached its third edition, a fact which should be sufficiently demonstrative of its popularity and standing with the profession. Dr. Bacon has of course continued his researches and studies along the line of his chosen specialty and although he modestly states that his book aims to treat only of those diseases which are met by the student or practitioner, it may be honestly stated that he has included between its covers much information that should be of interest to specialists in diseases of the ear.

The text of the present edition is an enlargement of that of the edition of 1898, and a number of new illustrations, chiefly reproductions from photographs of cases, and specimens of pathological conditions, have been added. Among the new topics taken up in the book's present form are those of lumbar puncture and the significance of leucocytosis. Dr. Clarence John Blake, of Boston, writes an introductory chapter on the importance of special study in otology and Dr. George Sloan Dixon, Dr. Bacon's assistant, has collaborated with his chief in the production of the book.

Like Bacon's magazine articles, the text is satisfactory in that it is practical and that he wastes few words in saying what he has to bring to our attention. He has the directness of speech which comes readily to the collegiate faculty man, who has only a limited time to address his classes and who is therefore obliged to make every word count. What he has to say on the subject of special treatment is valuable and he goes into sufficient detail to make the matter clear. He is a strong advocate of early treatment in affections of the hearing apparatus and he rather deplores the fact that so many patients will suffer themselves to fall into an advanced state of deafness before they consult a physician.

The subject matter is well arranged, set down with a view to the convenience of the reader. The author begins with the anatomy and physiology of the ear, passes on to a brief but sufficiently detailed description of the methods of examination, and then takes up the matter of the ear's diseases. The latter are well illustrated with reproductions from photographs of cases and the instruments chiefly used are also shown. Seven plates in colors add to the interest of the illustrations, and the whole book is well published. One or two little slips in proof-reading do not detract from the value of the book to the profession. For example, on page 145, he says: "A sharp-pointed instrument is apt to cause somewhat a round wound," but the meaning is obvious enough. Again, Fig. 115, facing page 377, is signed "Cerebra veinsl and sinuses," which is of course a printer's error. On the whole the work is pleasantly free from typographical imperfections.

Compend of Special Pathology. By Alfred Edward Thayer, M. D., Assistant Instructor in Gross Pathology, Cornell Medical College; Pathologist to the City Hospital. Formerly Fellow in Pathology, Johns Hopkins University; Instructor in Anatomy, Yale Medical College; and Professor of Pathology and Bacteriology, West Virginia University. Containing 34 Illustrations. Pages, 314. Size, 7 x 4¾ inches. Price, Cloth, 80 cents net. Philadelphia, P. Blakiston's Son & Co., Publishers, 1012 Walnut St., 1902.

This little book is part II of the Compend of Pathology, of which part I was reviewed in the May JOURNAL. Like the other books in the Blakiston series, this one contains much meat. The subject matter should be of interest especially to the student, for whom the series is primarily designed, the object of the book being to place him thoroughly *en rapport* with the several divisions of medicine and surgery in which he is most likely to be questioned in any standard examination. The books may be, and as a matter of fact commonly are, used in connection with other standard textbooks. Ewing's Clinical Pathology of the Blood is made use of in the portion of the work that deals with the pathological conditions affecting the blood and Dr. J. C. Johnson, Dr. Thayer's colleague on the faculty at Ithaca, has written the chapter on the Pathology of the Skin, which is a valuable and an interesting one. The book is brand-new, having been finished for the press only last month, and may therefore be fairly said to be immediately down to date.

There are ten chapters, dealing with the pathological conditions met with in the circulatory system, the respiratory system, the ductless glands, the alimentary canal, the alimentary glands, the urinary system, the reproductive system, the locomotory system and the cutaneous system, the final chapter treating of deaths by violence and poison. An appendix of the synopsis of infectious diseases forms a valuable adjunct to the book itself.

The illustrations, which naturally present only pathologic conditions, are of interest. Some of them are from photographs and the results of a number of microscopical examinations are also shown. Students will find both text and illustrations of much help and the practitioner need not scorn much of the information that is to be found on the pages of this book.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London, Etc., Etc.; Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Department of the Jefferson College Hospital. Volume II. June, 1902. Surgery of the Abdomen, Including Hernia—Gynæcology—Diseases of the Blood and Ductless Glands. The Hæmorrhagic Diseases. Metabolic Diseases—Opthalmology. Pages, 432. Size, 5¾ x 9¾ inches. Lea Brothers & Co., Publishers, Philadelphia and New York.

This work is the second volume of the series, the first of which was reviewed in the DETROIT MEDICAL JOURNAL for February, 1902. The contributors to this volume are John G. Clark, M. D., William B. Coley, M. D., Edward Jackson, M. D., and Alfred Stengel, M. D., all men of prominence in their profession and all connected with well known institutions in the east. Their work is authorative and concise and has been carefully edited to make it conform to the limits of the book, which aims to present only the noteworthy advances made along the lines of medical and surgical practice.

Dr. Coley's article on surgery of the abdomen, including the various forms of hernia and their treatment, is a scholarly and well considered work and Dr. Clark's treatment of gynecology, his own specialty at the University of Philadelphia,

is along the same broad and interesting lines as those followed in his own lectures. Dr. Alfred Stengel is given the section on diseases of the blood and the ductless glands, in which work he is perfectly at home, and Dr. Edward Jackson, emeritus professor of ophthalmology in the Philadelphia polyclinic, is the writer of a section on ophthalmology. The contributors have been chosen and the result has been the production of a book that is thoroughly modern and valuable. We shall wait with interest for the appearance of subsequent numbers of the series which has been happily inaugurated.

Sociologic Studies of a Medico-Legal Nature. By Louis J. Rosenberg, LL. B., Associate of the Victorian Institute, London, Eng.; Member Historical Society of Lanc. and Ches., Liverpool, Eng.; Michigan Delegate to the American Congress of Tuberculosis (1901); Member Medico-Legal Society, New York, Etc., and N. E. Aronstam, M. D., Ph. G., Assistant in Chemistry and Dermatology, Michigan College of Medicine and Surgery, Detroit; Member Wayne County Medical Society, Detroit Medical Medical Society, Etc. With introduction by Hon. Clark Bell, LL. D., President of the Medico-Legal Society. Pages, 137. Size, 7½ x 5 inches. Price, Cloth, $1.00. G. P. Englehard & Co., Publishers, Chicago, 1902.

Two Detroit authors are represented in this small manual, the contents of which are made up of essays formerly published in several medical journals and read before the medico-legal society. The collection is dedicated to Tolstoy and there is a reproduction of a letter of thanks and expressed co-operation from the latter's daughter, Tatiana Soohoteen, written at her father's request.

The style of the volume as a whole appears to be somewhat loose, though this may of course be due to the different periods at which the component parts were written. The nine chapters deal with crime, the drink evil, euthanasia, stirpiculture, the education of feeble-minded children, premature burial, amnesia, a contribution to the study of suicide and tuberculosis. The authors regard two things as being most likely to produce a good effect in lessening the prevalence of crime—the control of matrimonial affairs and the establishment of distinct institutions for social, ethical and physical culture. It is unfortunate that some of the methods advocated in the book have already been ried, without any very great depreciation in the number of crimes annually committed. An instance of looseness of style is found on page 81, where the text reads, "We plead for the enforcement of the following measures: (1) Regulation of marriage. (2) Supervision of Prevention of Libertinism. (3) Moral Culture." In (2) the meaning is somewhat obscure. No community could well "supervise" libertinism and thus far at least this country has met with little success in "preventing" it.

There is some careless proof-reading on page 59, where an extra line has been put in the ninth from the top of the page. The book is well bound, printed on good paper, with clear type and wide margins, so that an error of this kind is only the more glaring. Although there is much that is good in the book, there is little that is really new or in advance of the writings of Lombroso and others along the line of reform.

A Practical Treatise on Small-Pox. Illustrated by Colored Photographs from Life. By George Henry Fox, A. M., M. D., Consulting Dermatologist to the Health Department of New York

City; with the Collaboration of S. D. Hubbard, M. D., S. Pollitzer, M. D., and J. H. Huddleston, M. D. Parts I and II. Pages 31. Size, 9½ x 12¼ inches. J. B. Lippincott Company, Publishers, Philadelphia and London, 1902.

Dr. Fox's own practical experience in the diagnosis and treatment, together with the useful knowledge of his collaborators, insures practicality for his book, and the statements made therein must be entitled to the most serious consideration. The author points out what every practitioner of experience must at some time have found—that diagnosis in the case of some forms of small-pox is practically impossible in the "pre-eruption period," while the disease is beginning its attack on the body. The responsibility of fixing the diagnosis of small-pox is undoubtedly a grave one, not only from the standpoint of the public if the case is really small-pox, but also from the standpoint of the patient, who is put unnecessarily to so much pain and anxiety, if the diagnosis proves incorrect. With a view to aid in diagnosis in general, Dr. Fox points out some of the features of symptoms of maladies which at the beginning may be mistaken for small-pox—measles, meningitis, (especially cerebro-spinal), cryptogenetic septicæmia and so on. He says: "The physician who during the prevalence of an epidemic finds an unvaccinated subject suffering from a febrile disease of acute onset, with severe lumbar and dorsal pains, may, in the absence of definite symptoms pointing to some other disease, suspect small-pox; but a positive diagnosis at this stage is, of course, impossible."

Among the general symptoms which Dr. Fox regards as characteristic are markedly rapid pulse and respiration, severe lumbar and sacral pains, "shotty" feeling in the papules of the eruption, and the complete appearance of the eruption on the face and the extremities within a few hours.

Considerable help is given to the young and to the older practitioners who have not happened to have had much experience in treating small-pox cases by the numerous colored plates with which the work is illustrated. There are sixteen plates in all, showing the various forms of the disease, and the various stages of the eruption in each. The photographs were taken from life by Dr. Fox and his associates and possess great interest, since they are well reproduced. The feature of the successive stages being presented is one that marks the book as one of value and is noteworthy in showing the rapidity with which the characteristic lesions of the disease develop.

Besides the general hints and rules on diagnosis, Dr. Fox throws out many helpful suggestions as to the meanings of special conditions. For example he lays down the statement that the presence of small hæmorrhages or petechiæ, varying from the size of a pin's head to a pea, in the brachial and crural triangles of Simon are of grave prognostic significance as they are usually the precursors of hæmorrhagic small-pox. The book is practical and of value.

The International Text-Book of Surgery by American and British Authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital; and A. Pearce Gould, M. S., F. R. C. S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of Court of Examiners of the Royal Col-

lege of Surgeons, England. Vol. II. Regional Surgery. With 471 Illustrations in the Text and 8 Full-Page Plates in Colors. Pages, 1044. Size, 6 x 9½. Cloth, $5.00 net, per volume. W. B. Saunders & Co., Publishers, 925 Walnut St., Philadelphia, Pa.

This is Volume II of the series, the initial volume of which was reviewed in the JOURNAL for June. It is slightly larger, but is remarkably compact, considering the really immense amount of information on detailed subjects that is contained between its covers. It goes quite fully into the cause, diagnosis, prognosis and treatment of practically all conditions of the human body requiring surgical interference for their relief, and accompanies a sufficiently detailed text with a number of enlightening illustrations. There are thirty-three chapters in this excellent text-book, each one written by a specialist in the lines on which he writes, and the subject matter may therefore be taken as being authoritative.

Two chapters on gynæcology are written by Dr. Henrotin, the Professor of the subject at the Chicago Polyclinic. A short chapter on syphilis, dealing naturally with the surgical operations most frequently met with in this affection, is by Robert W. Parker, F. R. C. S., surgeon to the East London Hospital for Children and to the German Hospital. Dr. William T. Bull, of New York, contributes a chapter on hernia that is of value and other special branches are in capable hands.

The list of contributors to this volume shows many notable names among modern surgeons and this fact, combined with the good illustrations and the low price, should give this book a place in the library of the surgeon, whether he is in general practice or a specialist. It is noteworthy that, although most of the writers are specialists in some branch of regional surgery, they have avoided the mistake of writing as if for their brother specialists, but have on the contrary written for the profession in general. The book is an excellent one and we predict a generous demand for the series. The publisher has aided materially in giving the profession a worthy book. Some of the illustrations are from old plates, but this fault is almost universal in medical and surgical works.

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Malignant Forms of Small-Pox.—Malignant small-pox may be differentiated from malignant scarlet fever by the fact that hæmorrhages from the conjunctiva are seen in small-pox, but not in scarlet fever. The color of the hæmorrhagic lesions is deeper, more mahogany-like, than in malignant scarlet fever. Some confusion may arise because of the prodromal erythema. This occurs in small-pox only in the groins and axillæ at first. Needless to say, this is not the location of the primary erythema of scarlet fever or measles, which usually affect the face. A fall of temperature after the eruption may be looked for, but does not necessarily occur in small-pox.—(*Medical News.*)

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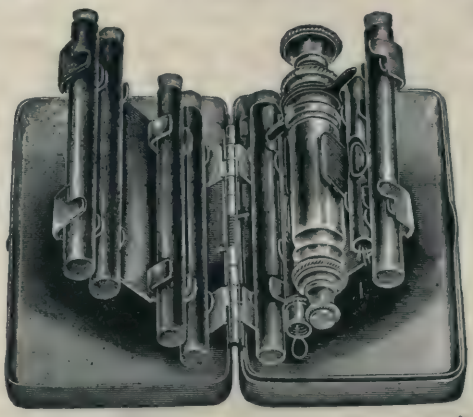

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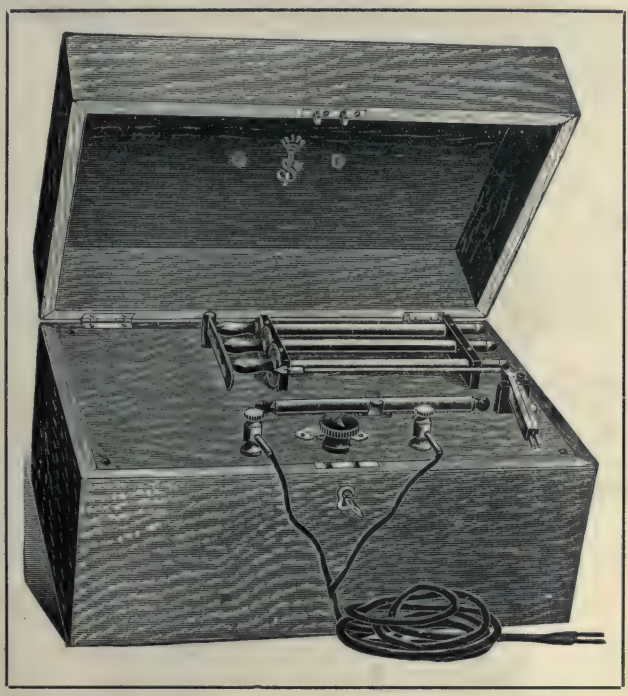

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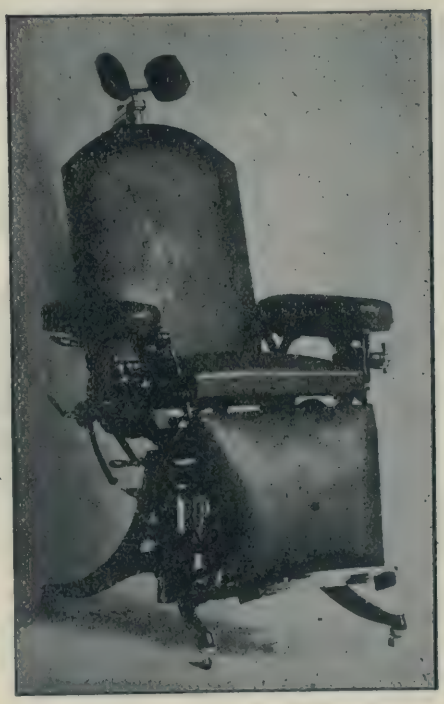

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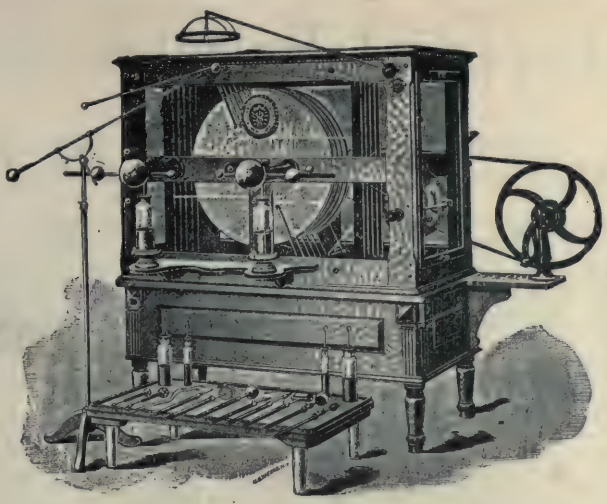

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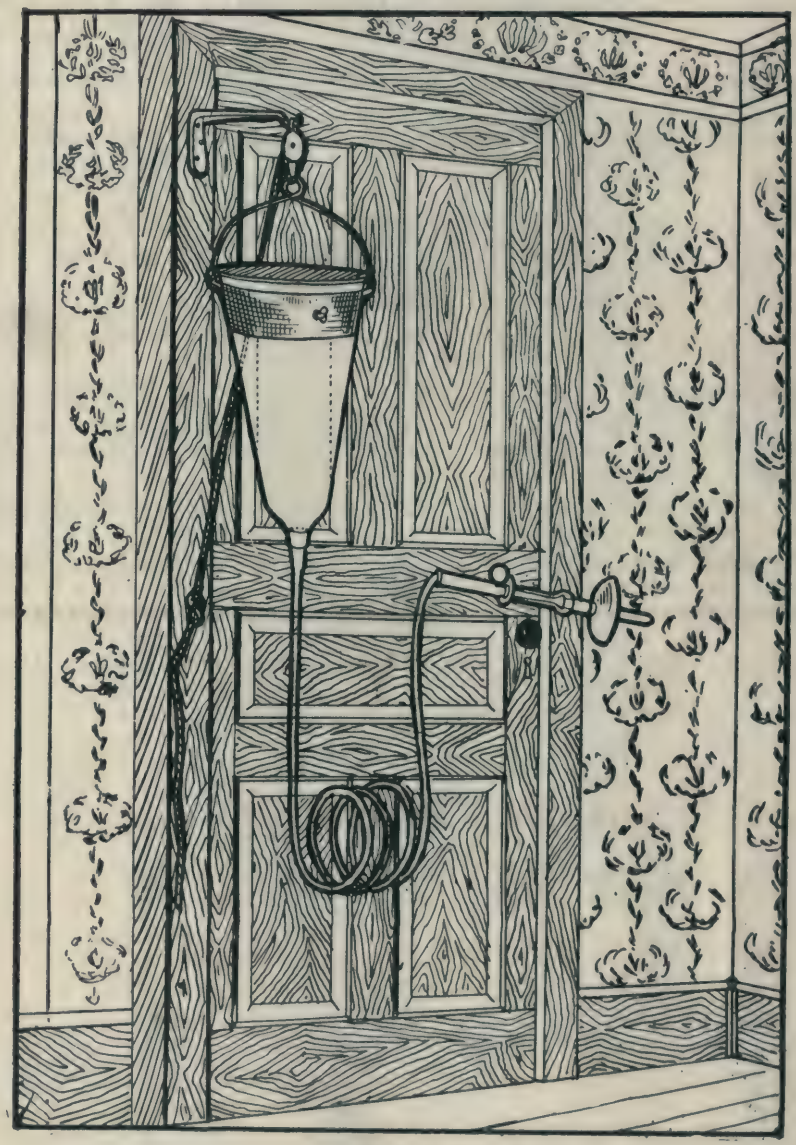

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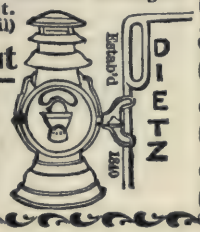

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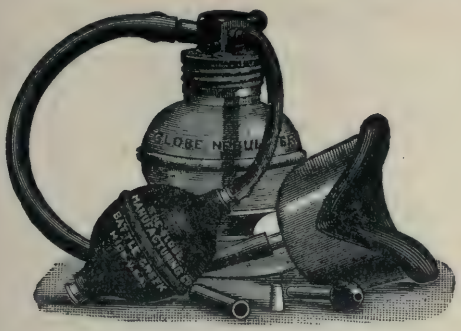

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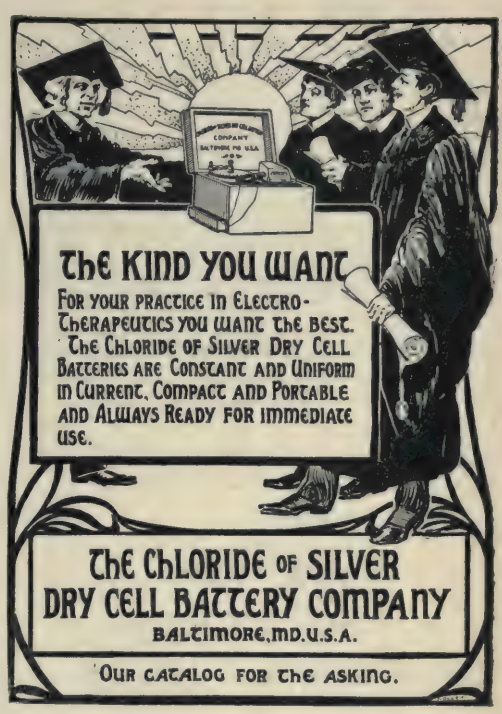
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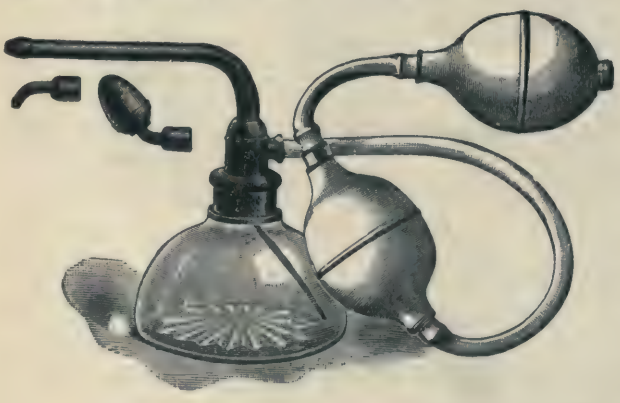

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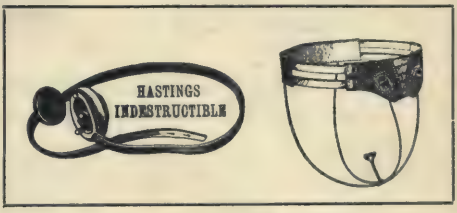

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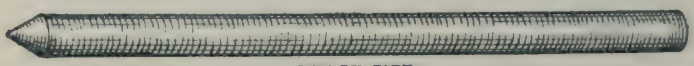

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Each Bougie contains:

One per cent. Protargol, in solution.

No. 3. Astringent and Sedative.

Each Bougie contains:

Zinc Sulphate, 1-2 gr.
Antipyrine, 1 gr.
Boric Acid, 2 grs.
Carbolic Acid, 1-4 gr.
Fluid Hydrastis, 3 grs.
Morphine Sulphate, 1-10 gr.

No. 6. Mild, Astringent and Sedative.

Each Bougie contains:

Zinc Oxide, 2 grs.
Zinc Sulphate, 1-4 gr.
Cocaine Hydrochlorate, 1-10 gr.
Morphine Sulphate, 1-8 gr.
Boric Acid, 2 grs.

No. 11. Mild Astringent and Alterative.

Each Bougie contains:

Bismuth, Subnitrate, 3 grs.
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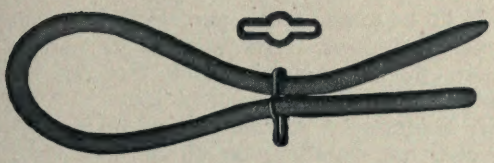

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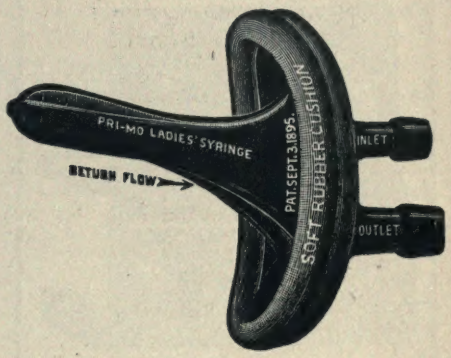

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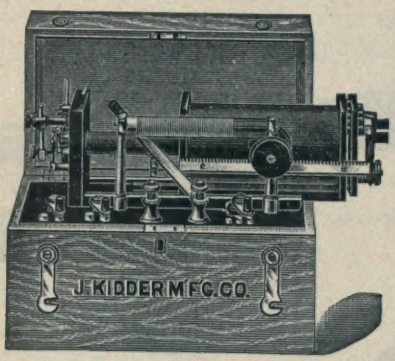

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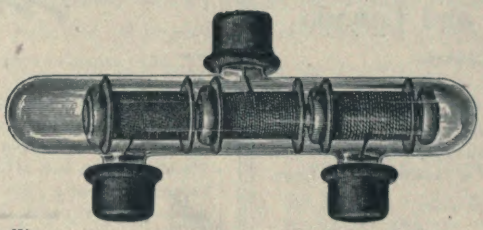

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